



## CLAIMS REPORTING KIT

ADMINISTERED BY



451 Diamond Drive  
Ephrata, Washington 98823  
(509) 754-2027; Fax (509) 754-3406  
Toll Free (800) 407-2027

Report all accidents and losses, as soon as possible, to your insurance agent and/or Canfield. In reporting accidents or losses, please follow the enclosed guidelines.

Your membership in the insurance co-op requires ALL claims must be reported, regardless of size.

## COMMONSENSE GUIDELINES

1. Report accidents, regardless of the degree of injuries or damage!
2. Record all relevant facts - save all broken or damaged equipment involved until instructed to do otherwise.
3. Take photos, if possible and warranted.
4. **Do not admit responsibility or agree to pay for damages.** This is the job of the insurance company and/or courts.
5. Regardless of deductible level - ***Report all accidents - Report them NOW!***

The following pages will give your school specific instructions for reporting:

1. Injuries to students
2. Damage to school property
3. Automobile accidents
4. Bus accidents
5. General liability claims
6. Lawsuits or written demands

**Please review these instructions with your staff and be sure to advise them of the reporting requirements.**

## **STUDENTS - BODILY INJURY OR PROPERTY DAMAGE ACCIDENTS**

1. Complete student accident report.
2. Person or employee who saw accident or was supervising activities should complete same, record all facts, secure witness names, preserve broken or damaged equipment.
3. Follow district/school first-aid procedures, as necessary.
4. **Do not admit responsibility or agree to pay for damages.**

Forward student accident report to your school administrator who will review and sign same.

### **SCHOOL ADMINISTRATOR'S REPORTING**

1. Send original report to agent.
2. Retain one copy for your file.

**IF INJURY IS SERIOUS OR FATAL, CALL AT ONCE – CANFIELD, (800) 407-2027, AND FOLLOW INSTRUCTIONS GIVEN TO YOU.**

## **SCHOOL DISTRICT'S PROPERTY LOSSES**

1. Complete "Property Loss Notice."
2. Record all relevant material, take steps to avoid further damage, secure damaged areas, close off area from use, take photos, etc.
3. Forward completed report to school administrator.
4. **Do not admit responsibility or agree to pay for damages.**

## **SCHOOL ADMINISTRATOR'S REPORTING PROCEDURES**

1. Send original Property Loss Notice to agent.
2. Retain one copy for your file.

**IF DAMAGE IS EXTENSIVE, CALL AT ONCE - CANFIELD, (800) 407-2027,  
AND FOLLOW INSTRUCTIONS GIVEN TO YOU.**

## **AUTOMOBILE ACCIDENTS**

1. Each district vehicle should carry vehicle accident report form.
2. At time of loss, employee operating vehicle must complete report following all instructions.
3. Employee should forward accident report to administrative office.
4. **Do not admit responsibility or agree to pay for damages.**

## **SCHOOL ADMINISTRATOR'S REPORTING PROCEDURES**

1. Complete auto liability accident notice and attach copy of driver's report.
2. Forward original to agent.
3. Retain one copy for your file. Be sure driver completes a State accident report as required.

**REPORT SERIOUS OR FATAL ACCIDENTS AT ONCE to CANFIELD, (800) 407-2027, AND FOLLOW INSTRUCTIONS GIVEN TO YOU.**

## **SCHOOL BUS ACCIDENTS**

1. Each bus should carry an automobile loss notice packet.
2. Driver of bus must complete report form and forward to principal or transportation director.
3. Driver must complete diagram of bus showing seating of all students, giving names and injuries of each student.
4. Driver must list all witnesses.
5. **Do not admit responsibility or agree to pay for damages.**

## **SCHOOL ADMINISTRATOR'S REPORTING PROCEDURES**

1. Forward original auto liability notice to agent.
2. Retain one copy for your file. Be sure driver files State accident report as required.

**IF THERE ARE SERIOUS OR FATAL INJURIES, CALL CANFIELD, (800) 407-2027, AND FOLLOW INSTRUCTIONS GIVEN TO YOU.**

## **BODILY INJURY/PROPERTY DAMAGE TO OTHERS (GENERAL LIABILITY) ACCIDENT**

1. Use "General Liability Loss Notice" and record all details of accident.
2. Be sure to record names of all witnesses and to save property damaged in the accident.
3. Forward report to school administrator.
4. **Do not admit responsibility or agree to pay for damages.**

## **SCHOOL ADMINISTRATOR'S REPORTING PROCEDURES**

1. Forward original to agent.
2. Retain one copy for your file.

**IF THERE ARE SERIOUS INJURIES, DAMAGES, OR FATAL INJURIES, CALL  
CANFIELD, (800) 407-2027, AND FOLLOW ANY INSTRUCTIONS GIVEN TO  
YOU.**

## **REPORTING LAWSUITS OR WRITTEN CLAIMS DEMAND**

### **1. LAWSUITS OR SUMMONS AND COMPLAINT**

If served with Summons and Complaint, please note the following on a separate sheet and attach to the Summons and Complaint:

- Person served and their title
- Date and time of service
- Location where service was made

### **IMMEDIATELY EXPRESS MAIL OR FAX THE SUMMONS TO:**

**CANFIELD & ASSOCIATES  
451 Diamond Drive  
Ephrata, WA 98823  
Fax: 1-509-754-3406**

### **DO NOT HOLD THE SUMMONS - Mail at once**

- Send copy to agent.
- Retain one copy for your file.
- Call Canfield and advise them you are sending the Summons and Complaint.

### **2. WRITTEN CLAIMS DEMAND**

Forward copy of the written demand by Express Mail to:

**CANFIELD  
451 Diamond Drive  
Ephrata, WA 98823**

Retain one copy for your file.

**Advise Canfield, (800) 407-2027, you are sending the written demand.**

**SCHOOLS INSURANCE ASSOCIATION OF WASHINGTON  
GENERAL LIABILITY LOSS NOTICE**

CANFIELD  
451 Diamond Drive  
Ephrata, WA 98823  
(800) 407-2027  
Fax (509) 754-3406

DATE: \_\_\_\_\_

DATE & TIME OF LOSS:  
\_\_\_\_\_AM/PM

**INSURED:** \_\_\_\_\_  
Insured's Business Phone: \_\_\_\_\_  
Person to Contact: \_\_\_\_\_

**LOSS:**  
Location of Accident: \_\_\_\_\_  
Description of Accident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b><u>BODILY INJURY/PROPERTY DAMAGED:</u></b>	
Name & Address: _____ _____	Name & Address: _____ _____
Phone Number: _____ Age__ Sex__ Occupation: _____	Phone Number: _____ Age__ Sex__ Occupation: _____

Describe Injury/Injuries: \_\_\_\_\_  
\_\_\_\_\_

Where taken? \_\_\_\_\_  
Describe Property: \_\_\_\_\_  
\_\_\_\_\_

Estimate Amount: \_\_\_\_\_

<b><u>WITNESSES:</u></b>		
<u>Name &amp; Address</u>	<u>Bus. Phone</u>	<u>Res. Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reported by: \_\_\_\_\_ Phone: \_\_\_\_\_

**SCHOOLS INSURANCE ASSOCIATION OF WASHINGTON  
PROPERTY LOSS NOTICE**

CANFIELD  
451 Diamond Drive  
Ephrata, WA 98823  
(800) 407-2027  
Fax (509) 754-3406

DATE: \_\_\_\_\_

DATE & TIME OF LOSS:  
\_\_\_\_\_AM/PM

**INSURED:** \_\_\_\_\_  
Insured's Business Phone: \_\_\_\_\_  
Person to Contact: \_\_\_\_\_

**LOSS:**  
Location of Loss: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Police or Fire Department Reported: \_\_\_\_\_

Kind of Loss (Fire, Wind, Explosion, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Probable Amount: \_\_\_\_\_

Description of Loss and Damage: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reported By: \_\_\_\_\_

Phone: \_\_\_\_\_

**SCHOOLS INSURANCE ASSOCIATION OF WASHINGTON  
AUTOMOBILE LOSS NOTICE**

CANFIELD  
451 Diamond Drive  
Ephrata, WA 98823  
(800) 407-2027 / Fax (509) 754-3406

DATE: \_\_\_\_\_  
DATE & TIME OF LOSS:  
\_\_\_\_\_ AM/PM

**INSURED:** \_\_\_\_\_  
Insured's Business Phone: \_\_\_\_\_  
Person to Contact: \_\_\_\_\_

**LOSS:**  
Location of Accident: \_\_\_\_\_  
Description of Accident: \_\_\_\_\_  
\_\_\_\_\_

**INSURED VEHICLE:**  

<u>Veh. #</u>	<u>Year, Make, Model</u>	<u>VI #</u>
_____	_____	_____
_____	_____	_____

  
Owner's Name, Address & Phone: \_\_\_\_\_  
\_\_\_\_\_

Driver's Name & Address: \_\_\_\_\_  
\_\_\_\_\_

Business Phone: _____	Residence Phone: _____	DOB: _____
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Driver's License No.: \_\_\_\_\_ Estimate Amount: \_\_\_\_\_  
Describe Damage: \_\_\_\_\_  
\_\_\_\_\_

**PROPERTY DAMAGED:**  
Describe Property: \_\_\_\_\_  
Owner's Name & Address: \_\_\_\_\_  
\_\_\_\_\_

**OTHER INSURANCE:** \_\_\_\_\_  
Business Phone: \_\_\_\_\_  
Residence Phone: \_\_\_\_\_

Other Driver's Name & Address: \_\_\_\_\_  
\_\_\_\_\_

Business Phone: _____
Residence Phone: _____

Describe Damage: \_\_\_\_\_  
Estimate Amount: \_\_\_\_\_

**INJURED:**

<u>Name &amp; Address</u>	<u>Phone No.</u>	<u>Extent of Injury</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**WITNESSES OR PASSENGERS:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REMARKS:** \_\_\_\_\_  
\_\_\_\_\_