

# CLAIMS REPORTING KIT

## SIAW MEMBERS

Your membership in the insurance program requires **ALL** accidents and losses be reported, regardless of size, as soon as possible, to your insurance agent and/or Clear Risk Solutions.

If the accident or loss results in serious injury, fatality, and/or extensive damage, contact your broker or Clear Risk Solutions at once, **(800) 407-2027**, and follow any instructions given to you.

## SCHOOLS INSURANCE ASSOCIATION OF WASHINGTON

451 Diamond Drive  
Ephrata, WA 98823

Phone:  
800.407.2027

Find us at:  
[www.siaw.us](http://www.siaw.us)

Administered by:



SIAW provides full claims management services to its members through Clear Risk Solutions' in-house claims service. SIAW's claims process is centered on delivering personal customer service, with a goal of providing a quick and economical settlement of your claim.

SIAW is pleased to offer members a direct and efficient way to report accidents and losses to our in-house claims service at Clear Risk Solutions. Included in this packet are instructions and guidelines for reporting losses for multiple lines of coverage and lawsuits.

## GENERAL GUIDELINES

- Report all accidents regardless of the degree of injury or damage.
- Record all relevant facts. Save all broken or damaged equipment involved.
- Take photos, if possible and warranted.
- **Do not admit responsibility or agree to pay for damages.** This is the job of the insurance company and/or courts.
- Regardless of deductible level, **report all accidents.**

# REPORTING INSTRUCTIONS

## REPORT ALL CLAIMS

Contact your broker/agent, or  
Email: [claims@choosclear.com](mailto:claims@choosclear.com)  
Phone Toll Free: (800) 407-2027  
Fax: (509) 754-3406

Mail: Clear Risk Solutions, 451 Diamond Drive, Ephrata, WA 98823

**Bodily Injury or Property Damage** - SIAW recommends that its members complete an accident report form, follow any and all appropriate first-aid procedures when necessary, and make note of the following:

- ☐ Person or employee who saw accident or was supervising activity;
- ☐ Record all facts and statements;
- ☐ Secure witness names, and contact information; and
- ☐ Preserve broken or damaged equipment.

**Reporting Lawsuits or Written Demand** - If served with a Summons and Complaint and/or demand, please forward a copy **immediately** to Clear Risk Solutions' Claims Department for coverage evaluation:

- ☐ Email to: [claims@choosclear.com](mailto:claims@choosclear.com); or
- ☐ Fax to: (509) 754-3406; Attention: Claims Department; or
- ☐ Express Mail: Clear Risk Solutions, 451 Diamond Drive, Ephrata, WA 98823;
- ☐ Call to confirm Clear Risk Solutions' receipt of Summons & Complaint;
- ☐ Send copy to agent and retain copy for your file; and
- ☐ ***Do not admit responsibility or agree to pay damages.***

If you do not have access to an ACORD Loss Notice form, the following forms will offer members specific instructions for reporting the following lines of coverage:

**Form A: General Liability (Bodily Injury or Property Damage to Others)**

- Record all details of accident and names of witnesses;
- Save all property damaged in the accident;
- Forward report to administrator or designee; and
- *Do not admit responsibility or agree to pay damages.*

**Form B: Property Losses**

- Record all relevant material and take photos.
- Avoid further damage and secure area/close off from use.
- Forward report to administrator or designee.
- *Do not admit responsibility or agree to pay damages.*

**Form C: Automobile Losses**

- Each vehicle should carry a vehicle accident report form;
- Employee operating vehicle must complete Form C, at time of loss;
- Forward accident report to administrator or designee; and
- *Do not admit responsibility or agree to pay damages.*

**PLEASE REVIEW THESE INSTRUCTIONS WITH YOUR STAFF AND  
ADVISE THEM OF THE REPORTING REQUIREMENTS**

SCHOOLS INSURANCE ASSOCIATION OF WASHINGTON  
GENERAL LIABILITY LOSS NOTICE

Clear Risk Solutions  
451 Diamond Drive  
Ephrata, WA 98823  
(800) 407-2027 / Fax (509) 754-3406  
Email: [claims@chooseclear.com](mailto:claims@chooseclear.com)

Date: \_\_\_\_\_

Date &amp; time of loss: \_\_\_\_\_ am/pm

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

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

**BODILY INJURY/PROPERTY DAMAGED:**

Name &amp; Address:

\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_  
Age\_\_\_\_ Sex\_\_\_\_  
Occupation: \_\_\_\_\_

Name &amp; Address:

\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_  
Age\_\_\_\_ Sex\_\_\_\_  
Occupation: \_\_\_\_\_

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

Where taken/or damaged? \_\_\_\_\_

Describe Property: \_\_\_\_\_

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

**WITNESSES:**

Name &amp; Address

\_\_\_\_\_  
\_\_\_\_\_

Cell Phone

\_\_\_\_\_  
\_\_\_\_\_

Business Phone

\_\_\_\_\_  
\_\_\_\_\_

Remarks: \_\_\_\_\_

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

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

SCHOOLS INSURANCE ASSOCIATION OF WASHINGTON  
PROPERTY LOSS NOTICE

Clear Risk Solutions  
451 Diamond Drive  
Ephrata, WA 98823  
(800) 407-2027 / Fax (509) 754-3406  
Email: [claims@chooseclear.com](mailto:claims@chooseclear.com)

Date: \_\_\_\_\_

Date &amp; time of loss: \_\_\_\_\_ am/pm

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

**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

Clear Risk Solutions  
451 Diamond Drive  
Ephrata, WA 98823  
(800) 407-2027/Fax (509) 754-3406  
Email: [claims@chooseclear.com](mailto:claims@chooseclear.com)

Date: \_\_\_\_\_

Date & time of loss: \_\_\_\_\_ am/pm

**INSURED:** \_\_\_\_\_

Person to Contact: \_\_\_\_\_

Contact's Phone Number: \_\_\_\_\_ Insured's Business Phone: \_\_\_\_\_

**LOSS:** \_\_\_\_\_

Location of Accident: \_\_\_\_\_

Description of Accident: \_\_\_\_\_

**INSURED VEHICLE:** \_\_\_\_\_

|             |                   |                               |
|-------------|-------------------|-------------------------------|
| Vehicle No. | Year, Make, Model | Vehicle Identification Number |
|-------------|-------------------|-------------------------------|

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Business Phone: \_\_\_\_\_ Residence Phone: \_\_\_\_\_ D.O.B. \_\_\_\_\_

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

Describe Damage: \_\_\_\_\_

\_\_\_\_\_

**PROPERTY DAMAGED:** \_\_\_\_\_

Describe Property: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe Damage: \_\_\_\_\_

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

\_\_\_\_\_

**INJURED:** \_\_\_\_\_

|                |           |                  |
|----------------|-----------|------------------|
| Name & Address | Phone No. | Extent of Injury |
|----------------|-----------|------------------|

\_\_\_\_\_

\_\_\_\_\_

Witnesses or Passengers: \_\_\_\_\_

\_\_\_\_\_

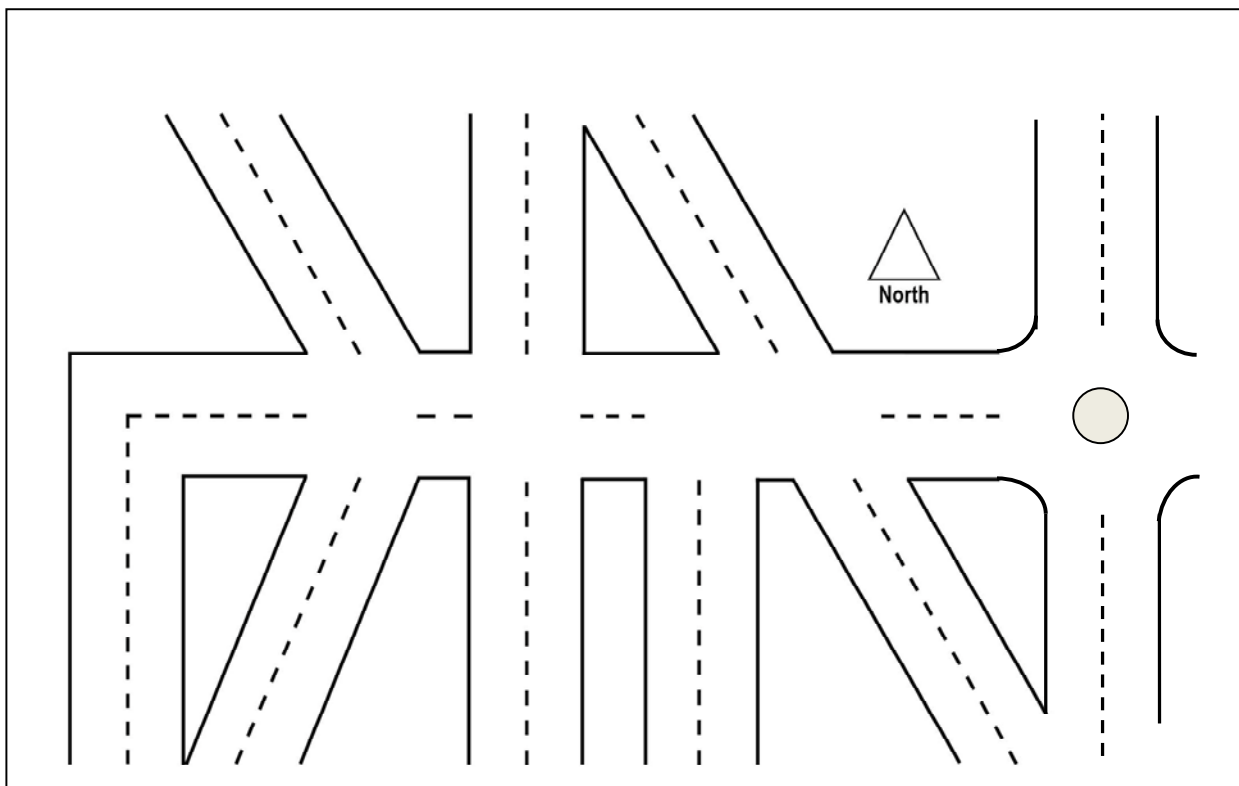
\_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

**VEHICLE COLLISION DESCRIPTION DIAGRAM**

Show name of highways, points of compass (N/S/E/W), and direction of travel of the vehicles involved.



| ROAD CHARACTER  | ROAD SURFACE  | ROAD DEFECTS  | TRAFFIC CONTROL   |
|---|---|---|---|
| <input type="checkbox"/> Straight Road<br><input type="checkbox"/> Curve<br><input type="checkbox"/> Level<br><input type="checkbox"/> On Grade<br><input type="checkbox"/> Crest of Hill                 | <input type="checkbox"/> Dry<br><input type="checkbox"/> Wet<br><input type="checkbox"/> Muddy<br><input type="checkbox"/> Snowy<br><input type="checkbox"/> Icy                    | <input type="checkbox"/> Defective Shoulder<br><input type="checkbox"/> Holes, Ruts, Bumps<br><input type="checkbox"/> Loose Material<br><input type="checkbox"/> Other (Describe)<br><input type="checkbox"/> No Defects | <input type="checkbox"/> Stop Sign<br><input type="checkbox"/> Stop & Go Signal<br><input type="checkbox"/> Flagman/Officer<br><input type="checkbox"/> Other (Describe)<br><input type="checkbox"/> No Traffic Control |
| LIGHTING  | WEATHER   | NOTES   |   |
| <input type="checkbox"/> Daylight<br><input type="checkbox"/> Dusk<br><input type="checkbox"/> Dawn<br><input type="checkbox"/> Dark – with Streetlight<br><input type="checkbox"/> Dark – no Streetlight | <input type="checkbox"/> Clear<br><input type="checkbox"/> Raining<br><input type="checkbox"/> Snowing<br><input type="checkbox"/> Fog<br><input type="checkbox"/> Other (Describe) | <input type="checkbox"/> Yes <input type="checkbox"/> No Photos Taken   |   |

[illegible]

**Date:** \_\_\_\_\_

**Send Original to Agent**

## BUS SEATING CHART

Driver Name: \_\_\_\_\_

Bus Number: \_\_\_\_\_

## FRONT OF BUS

## DRIVER'S SEAT

## DOOR

|              |              |              |       |              |              |              |
|--------------|--------------|--------------|-------|--------------|--------------|--------------|
| 1W           | 1M           | 1A           | AISLE | 1A           | 1M           | 1W           |
| Grade    Age | Grade    Age | Grade    Age |       | Grade    Age | Grade    Age | Grade    Age |
| 2W           | 2M           | 2A           | AISLE | 2A           | 2M           | 2W           |
| Grade    Age | Grade    Age | Grade    Age |       | Grade    Age | Grade    Age | Grade    Age |
| 3W           | 3M           | 3A           | AISLE | 3A           | 3M           | 3W           |
| Grade    Age | Grade    Age | Grade    Age |       | Grade    Age | Grade    Age | Grade    Age |
| 4W           | 4M           | 4A           | AISLE | 4A           | 4M           | 4W           |
| Grade    Age | Grade    Age | Grade    Age |       | Grade    Age | Grade    Age | Grade    Age |
| 5W           | 5M           | 5A           | AISLE | 5A           | 5M           | 5W           |
| Grade    Age | Grade    Age | Grade    Age |       | Grade    Age | Grade    Age | Grade    Age |
| 6W           | 6M           | 6A           | AISLE | 6A           | 6M           | 6W           |
| Grade    Age | Grade    Age | Grade    Age |       | Grade    Age | Grade    Age | Grade    Age |
| 7W           | 7M           | 7A           | AISLE | 7A           | 7M           | 7W           |
| Grade    Age | Grade    Age | Grade    Age |       | Grade    Age | Grade    Age | Grade    Age |
| 8W           | 8M           | 8A           | AISLE | 8A           | 8M           | 8W           |
| Grade    Age | Grade    Age | Grade    Age |       | Grade    Age | Grade    Age | Grade    Age |
| 9W           | 9M           | 9A           | AISLE | 9A           | 9M           | 9W           |
| Grade    Age | Grade    Age | Grade    Age |       | Grade    Age | Grade    Age | Grade    Age |
| 10W          | 10M          | 10A          | AISLE | 10A          | 10M          | 10W          |
| Grade    Age | Grade    Age | Grade    Age |       | Grade    Age | Grade    Age | Grade    Age |
| 11W          | 11M          | 11A          | AISLE | 11A          | 11M          | 11W          |
| Grade    Age | Grade    Age | Grade    Age |       | Grade    Age | Grade    Age | Grade    Age |
| 12W          | 12M          | 12A          | AISLE | 12A          | 12M          | 12W          |
| Grade    Age | Grade    Age | Grade    Age |       | Grade    Age | Grade    Age | Grade    Age |
| 13W          | 13M          | 13A          | AISLE | 13A          | 13M          | 13W          |
| Grade    Age | Grade    Age | Grade    Age |       | Grade    Age | Grade    Age | Grade    Age |
| 14W          | 14M          | 14A          | AISLE | 14A          | 14M          | 14W          |
| Grade    Age | Grade    Age | Grade    Age |       | Grade    Age | Grade    Age | Grade    Age |

Administrator Signature: \_\_\_\_\_