



NMPSIA Property and Liability Forms & Reporting

Presented by





Property and Liability Self-Insured Program

CCMSI

P.O. Box 30870

Contact Information:

Albuquerque, NM 87190-0870

800-635-0679

Liability Fax: 505-888-6901

(different # than Workers' Comp Fax)



Property and Liability Program

- ◆ Effective July 1, 2008, CCMSI became the Claims Administrator for NMPSIA's Property and Liability Program



Who is covered under the Property and Liability Program?

- ◆ All K-12 School Districts and their Employees, Volunteers and Board Members (except for Albuquerque Public Schools)
- ◆ All Charter Schools
- ◆ School Bus Contractors



What is covered under the Property and Liability Program?

The coverage provided through NMPSIA is extremely broad and offers coverage for most situations that might arise in a school setting or in connection with school operations.

If you have a situation where you are unsure what to do - Please contact our office with any questions.


505-837-8700 or 800-635-0679



How do I Report an Incident?

- ◆ In an emergency, please contact us *immediately* by telephone
- ◆ If you have a situation that requires prompt action but is not an emergency, please contact us by telephone *ASAP*
- ◆ For reporting non-emergent situations, please fax completed forms to:

Liability Fax # 505-888-6901



What forms are used for Property & Liability claims?

- ◆ Student Accident Report
- ◆ Vehicle Accident Report
- ◆ Loss Report, Property
- ◆ General / Products Liability
- ◆ Windshield Only

Student Accident Report



NEW MEXICO
PUBLIC SCHOOLS INSURANCE AUTHORITY
Cannon Cochran Management Services, Inc.
Claims Administrator
P.O. Box 30870
Albuquerque, New Mexico 87190-0870
800-615-0679 505-837-8700
505-888-6794 Fax



CONFIDENTIAL, THIS REPORT IS NOT TO BE RELEASED TO PARENT AND/OR STUDENTS

The school employee either witnessing the accident or supervising at the time should complete and submit this form within 24 hours.

IN CASE OF SERIOUS INJURIES, A TELEPHONE REPORT IS TO BE MADE IMMEDIATELY

1. School District _____

2. School _____ Address _____

3. Student's Name _____ DOB _____ Grade _____

4. Student's Address: _____
Telephone Number _____

5. Where did accident occur? _____ Date _____ Time _____ A.

6. Describe how accident occurred _____

7. Who was the person in charge at the time of the accident?
Was he present at the time? Yes No Did the injured violate any schools rule? Yes No

8. Witnesses: _____
Address: _____
Phone: _____

Witnesses: _____
Address: _____
Phone: _____

9. Apparent Nature of Injury: Abrasion Fracture Strain/Sprain Contusion Cuts Dislocation Internal Concussion

10. Injured Part of Body: Indicate R/L
 Head Finger Arm Abdomen
 Neck Eye Leg Hand
 Back Chest Face Foot

11. First aid procedures used _____ By whom _____

12. Disposition of injured after accident- Class Home Doctor Hospital

13. Who was notified? _____ Relationship to injured student? _____

14. If injured student left school, to whom released? _____

15. Name and attitude of anyone contacting school _____

16. Student accident benefits available? Name of company _____

17. Remarks _____

18. Report completed by _____ Approved by _____ Date _____



Student Accident Report

The “Student Accident Report” is to be used for any bodily injuries or medical incidents that happen to *students* on school premises or during school sponsored activities -
Examples Include:

- ◆ Slip/falls
- ◆ Fights
- ◆ Sports Injuries
- ◆ Playground Injuries

Vehicle Accident Report



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505-838-6794 Fax



Vehicle Accident Report

(For bodily injury or damage to another's property or for damage to your vehicle)

| | | | | | |
|--|---------------------|---------------------------|----------------|--|---|
| District Name | Address | City | State | Zip | Phone |
| School/Dept. Name | Address | City | State | Zip | Phone |
| Driver's Name | Address | City | State | Zip | Phone |
| Date of Birth | Social Security No. | Driver's License No. | | | |
| Vehicle | | | | | |
| Make | Year | Model | Serial # | License # | Where Vehicle May Be Seen |
| Trailer | Year | Model | Area of Damage | Used for Business? <input type="checkbox"/> Yes <input type="checkbox"/> No | Estimated Cost to Repair \$ |
| Accident | | | | | |
| Date of Loss | Time of Loss | Location (Street/Highway) | | City | State |
| Were Police Called to Scene? <input type="checkbox"/> Yes <input type="checkbox"/> No | Police Dept. Called | Driver | Arrested? | Ticketed? | Violation? |
| Name of Officer | | Station Address | | | |
| Claimant 1 | | | | | |
| Owner of Other Vehicle | Age | Address | City | State | Zip Phone |
| Driver, if other than above | Age | Address | City | State | Zip Phone |
| Make | Year | Model | License # | Area of Damage | Where Vehicle May Be Seen Estimate of Damage \$ |
| Claimant 2 | | | | | |
| Owner of Other Vehicle | Age | Address | City | State | Zip Phone |
| Driver, if other than above | Age | Address | City | State | Zip Phone |
| Make | Year | Model | License # | Area of Damage | Where Vehicle May Be Seen Estimate of Damage \$ |
| Property Damage - Other Than Auto (ie. Fence, Canopy) | | | | | |
| Owner of the Property | Address | | City | State | Zip Phone |
| Describe Damaged Property | | Location of Property | | Extent of Damage | |
| Witness Information | | | | | |
| Name | Address | | City | State | Zip Phone |
| Name | Address | | City | State | Zip Phone |
| Persons Injured | | | | | |
| Name | Address | | City | State | Zip Phone |

REVISED 9/16/2008



Vehicle Accident Report

For any school owned vehicle

- ◆ Bus
- ◆ Superintendent cars
- ◆ Pool cars
- ◆ Maintenance vehicles
- ◆ Contractor Bus

Loss Report, Property



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505-888-6794 Fax



LOSS REPORT, PROPERTY

| | | | |
|---|--------------|--------------------|-----|
| NAME OF COMPANY/AGENT LOCATION | | PHONE NUMBER | |
| District: | | | |
| ADDRESS | CITY | STATE | ZIP |
| LOCATION OF LOSS | | | |
| DATE OF LOSS | TIME OF LOSS | ESTIMATE OF LOSS | |
| BUILDING AND/OR CONTENTS | | | |
| DETAILS OF LOSS | | | |
| CARGO | | | |
| NAME OF DRIVER | | | |
| OWNER OF VEHICLE | | | |
| DESCRIPTION OF VEHICLE (INCLUDE MAKE, YEAR, SERIAL NO.) | | | |
| BOILER & MACHINERY | | | |
| DETAILS OF LOSS | | | |
| EMPLOYEE DISHONESTY | | | |
| NAME OF EMPLOYEE | | DATE OF EMPLOYMENT | |
| JOB TITLE | | | |
| ROBBERY OR SAFE BURGLARY | | | |
| CURRENIT APPREHENDED EXPLAIN | | | |
| POLICE AUTHORITY INVOLVED EXPLAIN | | | |
| ATTACH SUPPORTING MATERIAL (POLICE REPORT, NEWSPAPER ACCOUNT, DETAILS OF CLAIM, ETC.) | | | |
| SUMMARY | | | |
| SHOW LOSS OCCURRED AND DAMAGE (ATTENT-ATTACH SUPPORTING MATERIAL, ANY AVAILABLE REPORTS, NEWSPAPER ACCOUNT, PICTURES, REPAIR ESTIMATES OR BILLS ETC.) | | | |

DATE

SIGNATURE AND TITLE

REVISED 11/04/01/2008



Loss Report, Property

- ◆ Building and/or Contents
- ◆ Employee Dishonesty
- ◆ Robbery or Burglary

General / Products Liability



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ACCIDENT REPORT - GENERAL/PRODUCTS LIABILITY (DO NOT USE FOR AUTO)

| | | | |
|--|---------------------------|------------------|------------------------|
| NAME | | PHONE NUMBER | |
| DISTRICT: | | | |
| ADDRESS | | CITY | STATE ZIP |
| ACCIDENT | | | |
| DATE OF LOSS | TIME OF LOSS | LOCATION OF LOSS | CITY STATE ZIP |
| OFFICIALS CALLED TO SCENE IF SO, IDENTIFY | | | |
| <input type="checkbox"/> POLICE <input type="checkbox"/> FIRE DEPT. <input type="checkbox"/> AMBULANCE | | | |
| CLAIMANT (PROPERTY DAMAGE) | | | |
| NAME | ADDRESS | CITY | STATE ZIP PHONE |
| DESCRIBE DAMAGED PROPERTY | LOCATION OF PROPERTY | CITY | STATE EXTENT OF DAMAGE |
| CLAIMANT (BODILY INJURY) | | | |
| NAME | AGE | ADDRESS | CITY STATE ZIP PHONE |
| OCCUPATION | DESCRIBE EXTENT OF INJURY | | |
| DESCRIPTION OF LOSS | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| WITNESS | | | |
| NAME | ADDRESS | CITY | STATE ZIP PHONE |
| NAME | ADDRESS | CITY | STATE ZIP PHONE |
| IMPORTANT: HAS THIS ACCIDENT BEEN REPORTED TO OUR LOCAL EMERGENCY ADJUSTER? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| IF REPORTED, NAME OF FIRM | | | |
| ADDRESS | | | |
| DATE ASSIGNED | | | |

DATE OF REPORT

SIGNATURE AND TITLE

KPVS010401700E



General / Products Liability

◆ General Liability

- Injuries to individuals other than students occurring on school premises.
- Damage to non-district owned property



Windshield Report



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WINDSHIELD ONLY

| | | | | |
|---------------------------|--------------|--|--------------------------------|----------------------|
| District Name | | | | |
| Address | | City | State | Zip Phone |
| School/Dept. Name | | | | |
| Address | | City | State | Zip Phone |
| Driver's Name | | | | |
| Address | | City | State | Zip Phone |
| Date of Birth | | Social Security No. | | Driver's License No. |
| Vehicle | | | | |
| Make | Year | Model | Serial # | License # |
| Where Vehicle May be Seen | | Used for Business? <input type="checkbox"/> Yes <input type="checkbox"/> No | Estimated Cost to Repair \$ | |
| Accident | | | | |
| Date of Loss | Time of Loss | Location (Street/Highway) | City | State |
| Additional Comments: | | | | |
| | | | | |
| | | | | |
| | | | | |

IMPORTANT: Has this accident been reported to a CCMST adjuster? Yes No

If reported, name of adjuster _____

Signature/Title _____ Date _____

REVISED 04/01/2006



Windshield Only Report

- ◆ Windshield damage to vehicles owned by the school district:
- ◆ Bus
- ◆ Superintendent cars
- ◆ Pool cars
- ◆ Maintenance vehicles
- ◆ Also covers contract buses
- ◆ \$50.00 deductible is waived for chip repairs.



Report Completion

Please complete and submit the reports as soon as possible, even if you don't have all the information (such as a police report)

◆ **Liability Fax: 505-888-6901**



Forms located at www.NMPSIA.com

- ◆ All forms or documents shown in this presentation are located under the Risk Division tab at:

<http://nmpsia.com/index.html>



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