**Please send completed form as soon as practicable to:**

|  |  |
| --- | --- |
| **Claims Associates Inc.**  **PO Box 1898**  **Sioux Falls, SD. 57101** | **Fax No: 605-333-9835** |
|  | **Office Phone: 605-333-9810** |
|  | **After hours 888-430-2249** |
|  | **Email:** [**asbsdclaims@claimsassoc.com**](mailto:asbsdclaims@claimsassoc.com) |

|  |  |  |
| --- | --- | --- |
| Report Date: | Date of Loss and Time: | Previously Reported (Y/N): |

**MEMBER INFORMATION**

|  |  |
| --- | --- |
| School District Name  and Street Address: |  |
| Person at School District to Contact About this Loss  (name, phone number, and email): |  |

**LOSS INFORMATION**

|  |  |
| --- | --- |
| Location of Loss Street Address: |  |
| Describe Location of Loss if Not at a Specific Street Address: |  |
| Police or Fire Department Contacted: |  |
| Kind of Loss: | FireLighteningFloodTheft  HailWindOther(please explain below) |
| Probable Amount Of Entire Loss: |  |
| Description of Loss or Damage: | |

|  |  |
| --- | --- |
| Report By: | Signature: |

**ADDITIONAL COMMENTS THAT MAY BE OF ASSISTANCE IN HANDLING THIS CLAIM:**

|  |
| --- |
|  |
| **Important additional instructions:**  Please send copies of any correspondence or other documentation related to this matter. |
| **APPLICABLE IN SOUTH DAKOTA:** Any person who knowingly and with intent to defraud any insurance company or another person, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and civil penalties. |