

CLAIM FORM - ALL CLAIMS EXCEPT (E&O) PROFESSIONAL LIABILITY



Arthur J. Gallagher Risk Management Services, Inc.
40 West Front Street
Media, PA 19063
Phone: 610-566-4920
Fax: 610-566-1582

1. Named Insured:

Wallingford-Swarthmore School District
c/o Dr. Lisa Palmer, Business Office
200 South Providence Road
Wallingford, PA 19086
Phone: 610-892-3470 x1305

2. Insured Contact: _____

3. Date and Time of Incident: _____

4. Location of Incident: _____

5. Name of Claimant: _____

6. Phone # and Address of Claimant: _____

7. Name, Address, and Phone # of Witnesses:

8. Name of investigating police department: _____
Attach copy of police report, if applicable.

9. If school property claim, please include:
A. Property address: _____
B. Identify every vendor called to the site: _____
C. Photos of damage.

10. If vehicle claim, please include:
A. Bus# or VIN#: _____
B. Driver: _____
C. Photos of Damage

Attach copies of relevant information, including pictures. If legal papers were served on the District, please indicate the date of service.

Reported by: _____ Date: _____