



STATE OF ALABAMA DEPARTMENT OF FINANCE
DIVISION OF RISK MANAGEMENT
EDUCATORS LIABILITY
INCIDENT/CLAIM REPORT

SCHOOL DISTRICT \_\_\_\_\_ SCHOOL \_\_\_\_\_

Name of Covered Employee: \_\_\_\_\_ Social Security No. (last 4): XXX - XX - \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_ Employee's Date of Birth: \_\_\_\_\_

Job Title/Job Classification: \_\_\_\_\_ County of Employment: \_\_\_\_\_

Date of Occurrence: \_\_\_\_\_ Time of Occurrence: \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_

Supervisor Notified (Name) \_\_\_\_\_ Date Supervisor Notified: \_\_\_\_\_

A. Name of Person(s) receiving injury or property damage: \_\_\_\_\_

Address: \_\_\_\_\_

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

B. Describe fully the specific activity you were performing at the time the event occurred and what happened to cause the injury or property damage to other party: More space is provided on back of document.

C. Were there any witnesses? If so, give names, addresses and phone numbers. More space is provided on back of document.

Name: Address: Phone #:

D. List all other liability policies in force which may cover this incident and report this incident immediately to each carrier.

E. Has a lawsuit been filed? If Yes, attach a copy of the complaint and any other corresponding documentation.

\_\_\_\_\_ Yes \_\_\_\_\_ No

I understand the reporting of false information may disqualify me from receiving coverage under this Program. I certify the above information is correct to the best of my knowledge.

Signature of Covered Employee: \_\_\_\_\_ Date: \_\_\_\_\_

**B. Continued: Description of specific activity at the time of incident**

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**C. Continued: Extra Witnesses**

<u>Name:</u>	<u>Address:</u>	<u>Phone #:</u>
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**All departments are encouraged to use this form to report any occurrence which would result in a claim being made under the Educators Liability Trust Fund even though a suit has not been filed.  
E-mail completed form to [Teresa.jenkins@finance.alabama.gov](mailto:Teresa.jenkins@finance.alabama.gov)**

***A copy of the Complaint must be attached to this report. - ALL INFORMATION MUST BE COMPLETED***

**All correspondence should be directed to:**

Department of Finance  
Division of Risk Management  
*Educators Liability Trust Fund*  
P.O. Box 303250  
Montgomery, Alabama 36130-3250  
Attn: EL Senior Claims Representative

**PHONE:** (334) 223-6120

**\*FAX:** (334) 223-6154

*\*Please include CONFIDENTIAL cover sheet directed to: EL Senior Claims Representative*