

**SCHOOL LEADERS E&O
PROFESSIONAL LIABILITY CLAIM FORM**



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 DeJuana Mosley, Business Office
200 South Providence Road
Wallingford, PA 19086
Phone: 610-892-3470 x1305
Name of Claimant: _____
Date of Birth: _____
Parents: _____
Address: _____

 2. **Insured Contact:**
Name: _____
Phone #: _____
Email: _____
Phone: _____
Claimant's Attorney:
Name: _____
Law Firm: _____
Phone: _____
Address: _____

 3. **Date of alleged error:** _____

 4. **Did you receive legal papers?** Yes No

 5. **Was Due Process Requested?** Yes No

 6. **Date legal papers received:** _____

 7. **Briefly describe the claim being made:**

 8. **Attorney/law firm to represent the School District:** _____

 9. **Attach copies of parents' initial letter, the District's due process hearing request form, legal papers, memos, or any other documentation related to this matter.**
- Reported by:** _____ **Date:** _____