

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 DeJuana Mosley, Business Administrator
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: _____