

# EXPLANATION AND INSTRUCTIONS FOR NEW BRIM LOSS/ACCIDENT FORM

The State Board of Risk and Insurance Management (BRIM) has updated their Insurance Loss Notice. This form takes the place of other BRIM forms.

**Sections 1, 2 and 3** are to be completed for **ALL** losses. All information requested must be supplied for the claim to be processed in a timely manner. **Section 4** is completed for **AUTO** losses. Anytime a vehicle is damaged, e.g. gate hitting a vehicle or flying debris striking a windshield. **Section 5** is completed when there is any type of **SCHOOL PROPERTY** loss at your location, e.g. lightening, theft, vandalism etc. Please be certain to complete each section completely. **BRIM wants to know who, what, when, where, why and how.**

**This form needs faxed to BRIM - (304) 558-6004 and to Mandi Pierce - Central Office (304) 675-7226.**

## **SECTION 1**

- o The insured information should be listed on form. (Mason County BOE information)
- o Person with Detailed Knowledge - List the name of the Principal, Teacher, Aide, etc. that has knowledge of the accident/loss and a phone number where BRIM can reach the individual.

## **SECTION 2**

- o Date the accident/loss occurred and the time of day
- o Location, name of school and where occurred on school property e.g. gym, playground, classroom
- o Detailed Description of Loss: what, how and/or who happened e.g. student fell off monkey bars, vandalism with front door glass broken, lawnmower threw rock striking windshield.
- o Who investigated the accident/loss and witnesses if any:

## **SECTION 3**

- o Name, address and current phone number of individual involved (If a student, list name of parent or guardian also)
- o Date of birth AND social security number are required (if available)

o Detailed Description of Injury or Damage: what and/or how was injured or damaged e.g. student fell c/o arm pain, front door has glass broken out, windshield shattered by rock

**SECTION 4 - AUTO**

o Insured Vehicle – What Mason County Vehicle was involved  
o Claimant Vehicle – Information of vehicle that incurred damage and/or accident with Insured Vehicle

**SECTION 5 – PROPERTY LOSS**

o Identify the type of property loss

**SUBMITTED BY - SIGNATURE**

o Requires signature of Director, Principal or Assistant Principal. The form will not be accepted is not signed by one of the above named individuals.