



**CALIFORNIA JOINT POWERS RISK MANAGEMENT AUTHORITY
NOTICE OF GENERAL LIABILITY CLAIM**

| | |
|-------------------|-----------------|
| MEMBER: | JPA SUB-MEMBER: |
| CLAIMANT(S): | |
| DATE OF INCIDENT: | DATE OF CLAIM: |
| NATURE OF CLAIM: | |
| | |

| CLAIMANT'S ATTORNEY | | DEFENSE COUNSEL |
|---------------------|--------|-----------------|
| NAME: | | |
| FIRM: | | |
| STREET ADDRESS: | | |
| SUITE NUMBER: | | |
| CITY, STATE, ZIP: | | |
| TELEPHONE: | () | () |

| x PLEASE INDICATE THE DOCUMENTS THAT ARE BEING SUBMITTED WITH THIS NOTICE | | | |
|---|---|--|---------------------------------------|
| | CLAIM/AMENDED CLAIM | | SUMMONS & COMPLAINT/AMENDED COMPLAINT |
| | REQUEST FOR LEAVE TO PRESENT A LATE CLAIM | | ANSWER TO COMPLAINT |
| | NOTICE OF INSUFFICIENCY | | DEFENSE COUNSEL STATUS REPORT(S) |
| | NOTICE OF REJECTION/DENIAL/UNTIMELINESS | | T.P.A. STATUS REPORT(S) |
| | POLICE DEPARTMENT REPORT | | RELEASE |
| | FIRE DEPARTMENT REPORT | | DISMISSAL |
| | CORONER'S REPORT | | SETTLEMENT DOCUMENTS |
| | CURRENT EXPENSES & RESERVES: | | |
| | OTHER: | | |

Submitted by:

Name: _____

Title: _____

Date: _____

| - For CJPRMA Use Only - | | |
|-------------------------|------------------------------|---------------------------|
| <i>Date Received:</i> | <i>Copy to Board Counsel</i> | <i>Posted to Computer</i> |
| | Yes ___ No ___ | |
| Claim #: | | |

CLAIM REPORTING REQUIREMENTS

Pursuant to the requirements of Section VII (Conditions) of the Memorandum of Coverage:

“The covered party shall notify the Authority within 30 days upon receipt of notice of a claim, or the setting of a reserve on any claim or suit including multiple claims or suits arising out of one occurrence, such claim or reserve amounting to fifty percent or more of the retained limit; Title 42 USC 1983 cases in which a complaint has been served and the plaintiff is represented by legal counsel or with reserves of twenty-five percent or more of the retained limit; or regardless of reserve, any claim involving:

- 1) one or more fatalities;
- 2) loss of a limb;
- 3) loss of use of any sensory organ;
- 4) quadriplegia or paraplegia;
- 5) third degree burns involving ten percent or more of the body;
- 6) serious facial disfigurement;
- 7) paralysis; or
- 8) closed head injuries.

Written notice containing particulars sufficient to identify the covered party and also reasonably obtainable information with respect to the time, place and circumstances thereof, and the names and addresses of the covered party and of available witnesses, shall be given by or for the covered party to the Authority or any of its authorized agents as soon as possible.”

“The *covered party* shall notify the *Authority* within 30 days upon receipt of lawsuit containing allegations involving *employment practices liability*. Where any lawsuit is reported after the 30 day period as required by this provision, all *defense costs* incurred prior to the date of late reporting will not constitute *ultimate net loss* eroding the *self insured retention*. The *covered parties* shall cooperate in an early review of *employment practices liability* claims or suits with counsel appointed by the *Authority* at the expense of the *Authority*.”

The Notice of Claim form should be completed in its entirety. Additional forms will be provided, at no charge, upon request.

Completed forms should be mailed to:

California Joint Powers Risk Management Authority (CJPRMA)
3252 Constitution Drive
Livermore, CA 94551

If you have any questions, please call our office at (925) 837-0667.

Revised: August 2011