



CALIFORNIA JOINT POWERS RISK MANAGEMENT AUTHORITY

NOTICE OF GENERAL LIABILITY CLAIM

MEMBER:	JPA SUB-MEMBER:
CLAIMANT(S):	
DATE OF LOSS:	DATE OF CLAIM:
CLAIM DESCRIPTION:	
Has this claim been entered into Risk Console? Yes: RC Claim # _____ No:	

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 <input type="checkbox"/>	No <input type="checkbox"/>
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 fifty percent or more of the retained limit; or regardless of reserve, any claim involving:

- 1) Fatality;
- 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*.”

Complete the Notice of Claim form in its entirety and send to:

Email: Marinda Griese - marinda@cjprma.org
Or mail: CJPRMA, 3201 Doolan Rd, Suite 285, Livermore, CA 94551

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