



**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 <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 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 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)
2333 San Ramon Valley Blvd., Suite 250
San Ramon, CA 94583-4456

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

Revised: July 2008