

Property & Liability Forms

Auto Loss Notice Form

Use When: An employee of your District is in a motor vehicle accident involving a District-owned vehicle.

Form Completed By: District employee involved in the incident.

Form Completed By:

Send

Appropriate District personnel and Golden State Risk Management Authority at: P O Box 706, Willows, CA 95988, (530) 934-5633; or fax (530) 934-8133; or email to sschimke@gsrma.org.

Form Completed To:

Property Loss Notice Form

Use When: Whenever any District property is lost, stolen, damaged, etc.

Form Completed By:

Form Completed By:

Form Completed By:

Send

Send to appropriate District Personnel and Golden State Risk Management Authority at: P O Box 706, Willows, CA 95988, (530) 934-5633; or fax (530) 934-8133; or email to sschimke@gsrma.org.

Form Completed To:

Liability Incident Notice Form

Use When: Whenever an incident occurs that involves a third party (someone other than a District employee or volunteer) that is likely to result in an action (lawsuit) against your employer. This form should also be used when a District employee is involved in an auto accident while using their vehicles on District business.

Form Completed By: Supervisor or Manager responsible for employee(s) involved in incident. District employee involved in incident.

Form Completed By:

Send

Send to appropriate District Personnel and Golden State Risk Management Authority at: P O Box 706, Willows, CA 95988, (530) 934-5633; or fax (530) 934-8133; or email to sschimke@gsrma.org.

Form Completed To:

Workers' Compensation Claim Forms

(Note: These forms are automatically generated by Company Nurse when the member uses the Company Nurse service.)

DWC Form 1

Employee's Claim for Workers' Compensation Benefits

Use When: A District employee is injured or alleges injury while in the course of their employment.

Form Completed By: The Injured Worker completes the upper portion and a District representative completes the lower portion.

Send Completed Form To: Mail or deliver to Injured Worker within 24 hours of notice of injury or alleged injury.

*Employer's Responsibility: As the employer, your responsibility is to give form to the injured worker or, in the instance of incapacity or death, an immediate family member. It is the Injured Worker's (family member) responsibility to complete and return the form to the employer.

Form 5020

Employer's Report of Occupational Injury or Illness

Use When: An employee is injured or alleges injury within the course of employment.

Form Completed By: Injured worker's supervisor or person designated by the injured worker's employer.

Send Completed Form To: Complete form in detail and forward to your district's human resource director and/or to Golden State Risk Management Authority at: P O Box 706, Willows, CA 95988, (530) 934-5633; or fax (530) 934-8133; or email to sschimke@gsrma.org.