

# PROPERTY & LIABILITY FORMS

## AUTO LOSS NOTICE

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.

Send Form To: Appropriate District personnel and to:

Golden State Risk Management Authority

P.O. Box 706, Willows, CA 95988

Email: [claims@gsrma.org](mailto:claims@gsrma.org) Fax: 530-934-8133

## PROPERTY LOSS NOTICE

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

Form Completed By: Person responsible for property of the District.

Send Form To: Appropriate District personnel and to:

Golden State Risk Management Authority

P.O. Box 706, Willows, CA 95988

Email: [claims@gsrma.org](mailto:claims@gsrma.org) Fax: 530-934-8133

## CLAIM FOR DAMAGES

Use When: A third party wants to file a claim for damages with the District.

Form Completed By: Third party filing claim.

Send Form To: Form is filed with District with a copy sent to:

Golden State Risk Management Authority

P.O. Box 706, Willows, CA 95988

Email: [claims@gsrma.org](mailto:claims@gsrma.org) Fax: 530-934-8133

## **WORKERS' COMPENSATION CLAIM**

(Note: These forms are automatically generated by Medcor, GSRMA's nurse triage.)

### **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 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 Form To:** Complete form in detail and forward to your District's Human Resource Director and/or to:

Golden State Risk Management Authority

P.O. Box 706, Willows, CA 95988

Email: [compdept@gsrma.org](mailto:compdept@gsrma.org) Fax: 530-934-8133