



Grass Lake Community School District

Individual excellence inspired by tradition and innovation

Device Accident Claim Form

899 S. Union St., Grass Lake, MI 49240

(517) 867-5540

www.grasslakeschools.com

Fax (517) 522-8195

Please fill out this claim form and submit it immediately to your school administrative office. Please refer to the declaration page for coverage information. Coverage is not afforded where any person has knowingly concealed or misrepresented any material fact or circumstance concerning this protection plan.

Employee/Student Name: _____

Address: _____

Main Phone: _____

Date of Incident: _____ Time Discovered: _____ (AM / PM)

Discovered by: _____

Location of Incident: _____

If claiming vandalism, fire, or theft, did you notify police?

a. Investigating Officer: _____

b. Case Number: _____

Describe Damages:

Describe, in detail, the circumstances of your incident:

The above statement is true and correct to the best of my knowledge.

Name: _____

Printed

Signature

Date

For Office Use Only

Claim Type (circle one): Damage or Lost/Stolen

Number Prior Claims: _____