

North Monterey County Unified School District

Procedure: Insurance Claims/Reimbursements
Prepared by: A Payne
Date: September, 2025
Approved by: Brenda Ramirez, Assistant Superintendent of Business Services

All accidents or incidents involving property damage or liability claims are to be reported to the Business Office Administrative Assistant as soon as possible. Any accident or incident involving a district owned vehicle should also be reported immediately to the Director of Transportation and the Business Office Administrative Assistant.

A Property Claim Form (Exhibit 1) or a District Claim Form (Exhibit 2) should be completed by the employee involved with the incident or by their supervisor. The Property Claim Form or a District Claim Form and the Sheriff report card should be submitted to the Business Office Executive Assistant. The Sheriff report card should include the date, time, report number, and officer's name that responded to the accident or incident. In the case of a loss or property damage, a complete list of items taken or damages should be submitted to the Business Office. A copy of the original purchase order, an estimated replacement and/or repair value of any damaged or stolen items will also need to be provided. All of the documents should be submitted to the Business Office Executive Assistant as soon as possible for processing.

The Director of Transportation will be responsible for submitting any documents involving district owned vehicles. A Property Claim Form (Exhibit 1) or a District Claim Form (Exhibit 2), a Keenan Auto Accident Report (Exhibit 3) if a district owned vehicle is involved in an accident, a written account of the accident by the driver, information regarding any drivers of other vehicles involved, and a copy of the CHP report card should be completed by the employee involved with the incident or their supervisor. The CHP report card should include the date, time, report number of the accident or incident and the responding officer's name. An estimate for any damages and/or repairs needed to district vehicles will need to be provided by the Director of Transportation to the Business Office for processing. All of the documents should be submitted to the Business Office Executive Assistant as soon as possible for processing.

Upon receipt of the Property Claim Form (Exhibit 1) or a District Claim Form (Exhibit 2), and a Keenan Auto Accident Report (3), the Business Office Executive Assistant will forward the documents to Keenan to begin the claim process. The Business Office Executive Assistant will also forward all remaining required documents to Keenan. These documents include the CHP or Sheriff's report, the list of stolen or damaged items/property, witnesses account, copy of the purchase order or price quote showing replacement value of items, and estimates for any repairs, that might be required.

CLAIM FORM

**TO: Brenda Ramirez,
Assistant Superintendent,
Business Services**

**North Monterey County Unified School District
13994 Castroville Blvd.
Castroville, CA 95012**

1. Claims for death, injury to person, or to personal property must be filed not later than six (6) months after the occurrence (Govt. Code, Section 911.2)
2. Claims for damages to real property or breach of contract must be filed not later than one year after the occurrence (Govt. Code, Section 911.2)

Name of Claimant DOB Phone No.

Address City Zip

WHEN did damage or injury occur? _____

WHERE did damage or injury occur? _____

HOW and under what circumstances did damage or injury occur? _____

WHAT particular action by the District or its employees caused the alleged damage or injury: (Include names of employees, if known) _____

WHAT sum do you claim: Include the estimated amount of any prospective loss insofar as it may be known at the time of the presentation of this claim, together with the basis of computation of the amount claimed; attach estimates or invoices, if possible. (If amount claimed exceeds \$10,000, no dollar amount shall be stated).

_____ \$ _____
_____ \$ _____
_____ \$ _____
Total Amount Claimed \$ _____

If total amount claimed exceeds \$10,000, is this a Limited Civil case? Yes _____ No _____

NAMES and addresses of witnesses, doctors and hospitals: _____

DATE: _____

Signature of Claimant

NOTICE: Section 72 of the California Penal Code provides: "Every person who with intent to defraud, presents for payment to any School District any false or fraudulent claim, is guilty of a felony punishable by fine and/or imprisonment."

PROPERTY CLAIM FORM

DISTRICT

Name: North Monterey County USD

Address: 13994 Castroville Blvd
Castroville, CA 95012

Date of Loss: _____

LOSS LOCATION

Site Name: _____

Address: _____

Type of Loss: Fire Theft Lightning Hail Water Wind

Other (Explain) _____

Description of Loss & Damage: _____

In the event of theft or vandalism, please provide the following:

Police or Fire Dept. to which reported _____

Report # _____.

Suspect(s) apprehended by police? Yes No

Neighborhood area canvassed for witnesses/suspects? Yes No

We Tip Posters used to locate/identify suspects? Yes No

Completed by: _____ Date: _____

CONTACT

Name: Angie Payne

Title: Executive Assistant, Business Svcs

Phone: 831-633-3343 x1200

Time: _____ a.m.
_____ p.m.

Site Contact: _____

Phone: _____

Email completed form to:
Angie Payne - Business Office
angie_payne@nmcusd.org

Keenan
Associates

OTHER PARTY

INJURED

WITNESSES

Name

Address

City State Zip

Home Phone Work Phone

Driver's License

Automobile Year, Make and Model

License Plate

Area of Damage

Prior Damage

Number of Passengers

Insurance Company

Address

City State Zip

Phone Number

Name

Address

City State Zip

Home Phone Work Phone

Nature of Injury Reported at Time of Accident

Name

Address

City State Zip

Home Phone Work Phone

Nature of Injury Reported at Time of Accident

Name

Address

City State Zip

Home Phone Work Phone

Nature of Injury Reported at Time of Accident

Name

Address

City State Zip

Home Phone Work Phone

Name

Address

City State Zip

Home Phone Work Phone

Name

Address

City State Zip

Home Phone Work Phone