

State of Tennessee Treasury Department
Division of Risk Management and Claims Administration
Andrew Jackson State Office Building
502 Deaderick Street • Nashville, Tennessee 37243-0202
615-741-2734 (office) • 615-532-4979 (fax)

| O Mr. O Mrs. O Ms.                            | First                          | Middle                                | Last            |  |  |
|---|--------------------------------|---------------------------------------|-----------------|--|--|
| Street Address                                | City                           | State                                 | Zip Code        |  |  |
| Email Address                                 |                                |                                       |                 |  |  |
| Home Phone Number                             | Cell Phone Number              |                                       |                 |  |  |
| Business Phone Number                         | Fax Phone Number               |                                       |                 |  |  |
| EMPLOYMENT INFORMATIOI                        | V                              |                                       |                 |  |  |
| Are you a licensed teacher? • • Yes           | O No Are you a stu             | udent teacher? O Yes O No             | )               |  |  |
| Name of School:                               |                                |                                       |                 |  |  |
| Name of School District:                      |                                |                                       |                 |  |  |
| Is the school district self-insured? O Y      | res O No                       |                                       |                 |  |  |
| f yes, provide the name and telephone         | number of the person handling  | g the claim for the school district:  |                 |  |  |
| School District Representative                |                                | Phone Number                          |                 |  |  |
| Does the school district have an insuran      | nce policy program? • Yes      | O No                                  |                 |  |  |
| f yes, provide the name and telephone         | number of the insurance adjus  | ter handling the claim for the ins    | urance company: |  |  |
| nsurance Adjuster                             |                                | Phone Number                          |                 |  |  |
| Do you have any additional teacher's lia      | ability insurance coverage? O  | Yes O No                              |                 |  |  |
| fives listable representational the insurance | e companies providing you addi | itional teacher's liability insurance | e coverage:     |  |  |
| if yes, list the names of all the insurance   |                                |                                       |                 |  |  |
|   |                                | Time:                                 | a.m. / p.m.     |  |  |

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| <u> </u>  |  |                      |  |                         |  |  |
|---|--|----------------------|--|-------------------------|--|--|
| Have you been sued? O Yes O No                              | o If yes, state lav                    | vsuit received/serve | ed:                                    |                         |  |  |
| Have you been arrested or investigate                       | ed by police? O Yes                    | O No                 |  |                         |  |  |
| s there a criminal investigation pendi                      | ng? O Yes O No                         |                      |  |                         |  |  |
| Have you been subject to an investiga                       | ation other than a crim                | ninal investigation? | O Yes O No                             |                         |  |  |
| f yes, provide name of organization a                       | and investigator:                      |                      |  |                         |  |  |
| Organization  | Investigator                           |                      |  |                         |  |  |
| CLAIMANT(S) INFORMATIO                                      | N                                      |                      |  |                         |  |  |
| <b>O</b> Mr. <b>O</b> Mrs. <b>O</b> Ms                      | First                                  |                      | Middle                                 | Last                    |  |  |
| Age of Claimant:  | Relationship Between You and Claimant: |                      |  |                         |  |  |
| itreet Address  |  | City                 | State                                  | Zip Code                |  |  |
| Nature and Extent of Injury:                                |  |                      |  |                         |  |  |
| (If more than one cl  | aimant, please attach                  | the same informat    | ion on a separate piece of             | paper.)                 |  |  |
| WITNESS(ES) INFORMATIO                                      | V                                      |                      |  |                         |  |  |
| O Mr. O Mrs. O Ms.  |  |                      |  |                         |  |  |
|   | First                                  | !                    | Middle                                 | Last                    |  |  |
| Age of Witness:   |  | Phone Number:        |  |                         |  |  |
| Street Address  |  | City                 | State                                  | Zip Code                |  |  |
| (If more than one v   | vitness, please attach                 | the same informati   | on on a separate piece of <sub>l</sub> | paper.)                 |  |  |
| CLAIM CERTIFICATION STAT                                    | EMENT: PERJU                           | RY T.C.A., SECT      | TION 39-16-702                         |                         |  |  |
| On this the day of  | 20                                     | I dodara una         | dor the penalty of perium              | that the foregoing is t |  |  |
| On this, the day of<br>nd accurate to the best of my knowle |  | , i declare, und     | der the penalty of perjury,            | that the foregoing is t |  |  |
| na acculate to the Dest Of HIV KNOWI                        | eage.                                  |                      |  |                         |  |  |
| ind accurate to the best of my knowl                        |  |                      |  |                         |  |  |

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