



STATE OF TENNESSEE
TEACHER'S EXCESS LIABILITY CLAIM

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)

COVERED EDUCATOR AND OCCURRENCE INFORMATION

Mr. Mrs. 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 INFORMATION

Are you a licensed teacher? Yes No Are you a student teacher? Yes No

Name of School: _____

Name of School District: _____

Is the school district self-insured? Yes No

If yes, provide the name and telephone number of the person handling the claim for the school district:

School District Representative Phone Number

Does the school district have an insurance policy program? Yes No

If yes, provide the name and telephone number of the insurance adjuster handling the claim for the insurance company:

Insurance Adjuster Phone Number

Do you have any additional teacher's liability insurance coverage? Yes No

If yes, list the names of all the insurance companies providing you additional teacher's liability insurance coverage:

Occurrence Date: _____ Time: _____

Location of Occurrence: _____

Brief Explanation of Occurrence: _____

Have you been sued? Yes No If yes, state lawsuit received/served: _____

Have you been arrested or investigated by police? Yes No

Is there a criminal investigation pending? Yes No

Have you been subject to an investigation other than a criminal investigation? Yes No

If yes, provide name of organization and investigator:

Organization

Investigator

CLAIMANT(S) INFORMATION

Mr. Mrs. Ms. _____
First Middle Last

Age of Claimant: _____ Relationship Between You and Claimant: _____

Street Address City State Zip Code

Nature and Extent of Injury: _____

(If more than one claimant, please attach the same information on a separate piece of paper.)

WITNESS(ES) INFORMATION

Mr. Mrs. Ms. _____
First Middle Last

Age of Witness: _____ Phone Number: _____

Street Address City State Zip Code

(If more than one witness, please attach the same information on a separate piece of paper.)

CLAIM CERTIFICATION STATEMENT: PERJURY T.C.A., SECTION 39-16-702

On this, the _____ day of _____, 20____, I declare, under the penalty of perjury, that the foregoing is true and accurate to the best of my knowledge.

Printed Name

Signature

Please attach available copies of lawsuit papers of attorney letters or representation. Please include all settlements, investigation reports, depositions, court orders, insurance policies, or any documentation that will assist the State of Tennessee with determining if excess coverage applies to your claim.