Claims Service Provider

(Name)

(Address)

(City, State, Zip)

(Email)

Name Insured

(Address)

(City, State, Zip)

Policy Number:

Coverage Period:

Complainant

(Name)

(Address)

(City, State, Zip)

(Email)

(Phone)

RE: Filing a claim against (insurance policy, type of policy, and policy holder)

Dear

(Letter introduction)

I am not an expert in the law however I do know right from wrong. If there is any wo/man damaged by any statements herein, if s/he will inform me by facts I will sincerely make every effort to amend my ways. I hereby and herein reserve the right to amend and make amendments to this document as necessary, in order that the truth may be ascertained and proceedings justly determined. If the parties given notice by means of this document have information that would controvert and overcome this claim, please advise me IN WRITTEN CLAIM FORM within ten (10) days from receipt hereof, providing me with your counter-corrected claim information, proving with particularity by stating all requisite actual evidentiary fact and all requisite actual law, and not merely the ultimate facts or conclusions of law, that this Claim Statement is substantially and materially false sufficiently to change materially my status and factual declarations. Your silence stands as consent to, and tacit approval of, the factual declarations herein being established as fact as a matter of law.

Claim filed against: (name, position, and address of school board)

**General Liability - Personal & Advertising Injury Limit:**

Policy conditions: The insurance applies to “personal” and advertising injury” caused by an offense arising out of your business but only if the offense arising out of your business but only if the offense was committed in the “coverage territory” during the policy period.

With respect to “body injury” or “property damage” an accident, including continuous or repeated exposure to substantially the same general harmful conditions or with respect to “personal and advertising injury” an offense or series of related offenses.

* Each Occurrence Limit: (amount)
* Each Employee Limit: (amount)
* General Aggregate: (amount)
* Self-Insured Retention: (amount)

The (name, title, school or government office**)** distributed the following documents to all private citizens, school, and businesses in the area.

(List of the violations for the material they have printed and distribute, ie flyers, emails, posters, or notices you have received)

(Personal summary of the injury, effect, or damages this material has caused you or your children)

**Damages sought**: (amount)

**Public Official Liability Coverage:**

The policy does not waive or otherwise limit any immunity, defense, or limitation on liability or damages available pursuant to “immunity or Tort Cap Law” or expand or increase the liability of any individual or entity beyond the liability that such individuals or entity would be subject to if you had not procured this insurance.

**Who is insured?**

The “educational institution”, and its board of governors, board of education, school committee, board of trustees, or commission while acting with the scope of their duties as such. Each of the following is also insured for acts within their duties as such: Elected or appointed members of your board of governors, board of education, school committee, board of trustees, or commissions; your employees.

* Each Public Officials Wrongful Act Limit: (amount)
* Aggregated Limit: (amount)
* Self-Insured Retention: (amount)

(Explanation of what laws were broken – use the laws you sited in your letter of intent)

(Summary of the state or federal laws broken, person who has broken these laws and who you seek damages for)

**Damages Sought**: (amount)

**Law Enforcement Liability Coverage**

(Name) was acting as a Law Enforcement officer and had no credentials or jurisdiction to enforce any laws upon anyone. (Name) was acting outside the law 18 USC S 242 - Deprivation of Rights Under Color of Law.

* Each Law enforcement Wrongful Act Limit: (amount)
* Aggregate Limit: (amount)
* Self-Insured Retention: (amount)

**Damages Sought**: (amount)

Attached is my Affidavit of Status swearing I understand these laws, the claim I am filing against (name) and my personal responsibility if I file a false claim with your insurance company.

Sincerely,