



Claim Form

Organization Information:

Name of Organization: _____

Insured Number: _____ School District: _____

Address: _____

City: _____ State: _____ Zip: _____

Officer Reporting Claim

Name: _____ Position: _____

Phone Number: _____ Email Address: _____

Type of Loss:

Theft of money - Was a police report filed? Yes (If so, please include.) No

Theft or Damage of property - Was a police report filed? Yes (If so, please include.) No

Injury

Other: _____

Witness Contact Information:

Witness Name: _____

Phone: _____ Email: _____

Witness Name: _____

Phone: _____ Email: _____

Witness Name: _____

Phone: _____ Email: _____

Witness Name: _____

Phone: _____ Email: _____

Claim Occurrence:

Date: _____ Location: _____

Description of Occurrence: _____

Injured Party Information:

Name: _____ Date of Birth: _____

Address: _____ City, State and Zip Code: _____

Phone Number: _____ Email Address: _____

Description of Injury: _____

Cause of Accident: _____

Additional Information: _____

If you have any photos or videos of the event, please provide them.

Please send completed Claim Form and any supporting documentation to:

AIM Association Insurance Management, Inc.

PO Box 742946

Dallas, TX 75374

Phone: 1-800-876-4044

FAX: 214-360-0802

PTAclaims@aim-companies.com