



75 Iron Point Circle, Suite 200, Folsom, California 95630 – (916) 850-7300 – FAX (916) 850-7800

Please email the completed form along with your file to [LiabilityClaims@prismrisk.gov](mailto:LiabilityClaims@prismrisk.gov)

**EXCESS LIABILITY PROGRAM  
FIRST REPORT  
POTENTIAL EXCESS LIABILITY CLAIMS**

**INSTRUCTIONS:**

1. Attach a copy of the verified claim and/or a copy of the summons and complaint.
2. Complete a separate form on each claimant.
3. Cross reference other previously reported claimants, if any

ENTITY	Name of Entity		Claim Number	
	Adjuster		SIR Level	
	Telephone			
	Defense Attorney		Telephone	

CLAIMANT	Name of Claimant		Age/D.O.B.	
	Occupation		Married/Depend.	
	Claimant's Attorney	Telephone		

DATES	Loss		Yes	No
	Claim		Litigate venue	
	Rejection			
	Date Suit Filed		Date Suit Served	

LOSS	Location:	
	Description:	

PERSONAL INJURY & PROPERTY DAMAGE	Alleged Injuries/Damages:
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CO-DEFENDANT	Indicates Indigent or Under-Insured:
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AMOUNTS	Personal	Injury	Property Damage	Legal Expense	Adjusting Expense	Total
	Amount Claimed					
	Established Res.					
	Paid to Date					
	Reserve Balance					

**EXCESS REPORTING REQUIREMENTS:** Immediate reporting is required for all claims that are reasonably likely to jeopardize the retention, including but not limited to the following:

**REPORTING REQUIREMENTS**

Refer to the Claims Reporting/Settlement/Reimbursement  
Procedures or your MOC for specific reporting requirements.

Reported By:

Email:

Dat

Date: