

ACORD™ GENERAL LIABILITY NOTICE OF OCCURRENCE/CLAIM

DATE (MM/DD/YY)

PRODUCER PHONE (A/C, No, Ext): 518 377-8822		NOTICE OF OCCURRENCE		DATE OF OCCURRENCE AND TIME		AM	DATE OF CLAIM		PREVIOUSLY REPORTED		
Schenectady Insuring Agency		NOTICE OF CLAIM				PM			YES NO		
155 Erie Blvd.		EFFECTIVE DATE	EXPIRATION DATE	POLICY TYPE			RETROACTIVE DATE				
P.O. Box 1044		07/01/03	07/01/04	<input checked="" type="checkbox"/> OCCURRENCE <input type="checkbox"/> CLAIMS MADE							
Schenectady, NY 12301		COMPANY Graphic Arts Mutual Insu					MISCELLANEOUS INFO (Site & location code)				
CODE: U1688		SUB CODE:			POLICY NUMBER			REFERENCE NUMBER			
AGENCY CUSTOMER ID: 16689		CPP3033582									

INSURED			CONTACT			CONTACT INSURED					
NAME AND ADDRESS Schenectady City School District District Office 108 Education Drive Schenectady, NY 12303			NAME AND ADDRESS Richard Yager			WHERE TO CONTACT					
RESIDENCE PHONE (A/C, No)			BUSINESS PHONE (A/C, No, Ext) 518 370-8100			RESIDENCE PHONE (A/C, No)			BUSINESS PHONE (A/C, No, Ext)		
						WHEN TO CONTACT					

OCCURRENCE							
LOCATION OF OCCURRENCE (Include city & state)							AUTHORITY CONTACTED
DESCRIPTION OF OCCURRENCE (Use reverse side, if necessary)							

POLICY INFORMATION (See attached Policy Information.)							
COVERAGE PART OR FORMS (Insert form #s and edition dates) Coverage: School District Wrongful Act Coverage Limit 1: 1,000,000 Ded 1: 1,000 Limit 2: 2,000,000							

GENERAL AGGREGATE	PROD/COMP OP AGG	PERS & ADV INJ	EACH OCCURRENCE	FIRE DAMAGE	MEDICAL EXPENSE	DEDUCTIBLE	PD
3,000,000	3,000,000	1,000,000	1,000,000	1,000,000	10,000		BI
UMBRELLA/ EXCESS	UMBRELLA	EXCESS	CARRIER:	LIMITS:	PER CLAIM	PER OCCUR	

TYPE OF LIABILITY								
PREMISES: INSURED IS				OWNER	TENANT	OTHER:		TYPE OF PREMISES
OWNER'S NAME & ADDRESS (If not insured)								OWNERS PHONE (A/C, No, Ext):
PRODUCTS: INSURED IS				MANUFACTURER	VENDOR	OTHER:		TYPE OF PRODUCT
MANUFACTURER'S NAME & ADDRESS (If not insured)								MANUFACT PHONE (A/C, No, Ext):
WHERE CAN PRODUCT BE SEEN?								

OTHER LIABILITY INCLUDING COMPLETED OPERATIONS (Explain)							
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INJURED/PROPERTY DAMAGED							
NAME & ADDRESS (Injured/Owner)						PHONE (A/C, No, Ext)	
AGE	SEX	OCCUPATION			EMPLOYER'S NAME & ADDRESS		PHONE (A/C, No, Ext)
DESCRIBE INJURY				WHERE TAKEN	WHAT WAS INJURED DOING?		
<input type="checkbox"/> FATALITY							
DESCRIBE PROPERTY (Type, model, etc)			ESTIMATE AMOUNT	WHERE CAN PROPERTY BE SEEN?	WHEN CAN PROPERTY BE SEEN?		

WITNESSES							
NAME & ADDRESS				BUSINESS PHONE (A/C, No, Ext)		RESIDENCE PHONE (A/C, No)	

REMARKS							
REPORTED BY			REPORTED TO Eunice R. Maroto			SIGNATURE OF PRODUCER OR INSURED	

Applicable in California

Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in Florida and Idaho

Any person who Knowingly and with the intent to injure, Defraud, or Deceive any Insurance Company Files a Statement of Claim Containing any False, Incomplete or Misleading information is Guilty of a Felony.*

* In Florida - Third Degree Felony

Applicable in Indiana

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Applicable in Kentucky and New Jersey

Any person who knowingly and with intent to defraud any insurance company or other persons, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and civil penalties.

Applicable in Michigan

Any person who knowingly and with intent to injure or defraud any insurer submits a claim containing any false, incomplete, or misleading information shall, upon conviction, be subject to imprisonment for up to one year for a misdemeanor conviction or up to ten years for a felony conviction and payment of a fine of up to \$5,000.00.

Applicable in Minnesota

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Applicable in Nevada

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

Applicable in New Hampshire

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

Applicable in New York

Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicable in Ohio

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in Oklahoma

WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Applicable in Pennsylvania

Any person who knowingly and with intent to injure or defraud any insurer files a claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.

POLICY INFORMATION (Continued from pages 1)

COVERAGE PART OR FORMS (Insert form nos. & edition dates)

Coverage: Employee Benefits Liability
Limit 1: 1,000,000 Ded 1: 1,000 Limit 2: 3,000,000