RISK MANAGEMENT
RISK FINANCE AND INSURANCE SERVICES
333 S. Beaudry Ave.
Los Angeles, CA 90017

General Liability

Direct Claim Reporting Information

LAUSD OCIP V

Call-in: 844-713-5516

Email: LAUSDOCIP.ClaimStart@esis.com

CC: ocip@lausd.net

ESIS®

General Liability Claim

LAUSD OCIP V

Phone: 844-713-5516

Email: LAUSDOCIP.ClaimStart@esis.com
CC: ocip@lausd.net

Entity Name					
Contract Number		6K63			
Location Code					
Date Reported to Employer					
Date of Loss/Injury					
Loss Address		Address 2:			
Loss City		Loss State		Loss Zip Code	
Incident Reported By		Title			
Phone					
Loss Description					
Was the accident / injury witnessed?		☐ Yes ☐ No			
Witness Name:		Phone #:			
Witness Name:		Phone #:			
Were any authorities called? (Police, Ambulance, Fire, etc)					
Authority Name:		Phone #:			
a. Reference Number					
b. Officer Name					

Involved Party #1					
Employer Name		Work Phone			
Name		Gender			
Home Address		Address 2:			
City		State		Zip Code	
Cell #		Home #			
Email		Date of Birth			
Job Title		Date of Death			
Involved Party #2					
Employer Name		Work Phone			
Name		Gender			
Home Address		Address 2:			
City		State		Zip Code	
Cell #		Home #			

General Liability Claim

Email		Date of Birth	
Job Title		Date of Death	

Supplemental Questions	
1. Initial Medical Treatment	☐ No Treatment ☐ Minor: By Employer ☐ Minor: Clinic/Hospital ☐ Emergency Care ☐ Hospitalized > 24 Hours ☐ Major: Clinic/Hospital ☐ Unknown
2. Did the incident result in a fatality?	☐ Yes ☐ No
3. Do you have any questions or concerns about the validity of this claim?	☐ Yes ☐ No

4. Emergency Care			
a. Transportation Type		☐ 3rd Party ☐ Air ☐ Ambulance ☐ Drove Self ☐ Unknown ☐ None	
b. Did the employee obtain treatment from a hospital or clinic?		☐ Yes ☐ No	
c. If so, Hospital/Clinic name?		Phone #:	

Additional Comments/Notes: