

**ATBE AUTOMOBILE FUND
SUBROGATION CLAIM
FOR PROPERTY DAMAGE / PERSONAL INJURY**

Instructions: Primarily for use by a subrogating entity (i.e., commercial insurance company) asserting a subrogation claim for payments made for damages to property and damages for personal injury as a result of an automobile incident with a board of education owned or operated Covered Automobile, this two page form is to be **FULLY COMPLETED** and **SUBMITTED TO** the ATBE COVERED PARTY along WITH ALL SUPPORTING DOCUMENTATION. This claim form must be (1) signed by an authorized representative of the entity asserting a claim for subrogation and (2) notarized (the information that is provided verified as truthful under oath before a notary public). Give complete information on both pages and attach ALL documentation to prove your subrogation claim, including but not limited to the documents specified in this form. Without a fully completed claim form and ALL supporting documentation ATBE may not be able to fully review and respond. PRINT or TYPE the requested and required information.

RETURN this FORM and ALL DOCUMENTS to the ATBE Covered Party (e.g., BOARD OF EDUCATION)
Do NOT submit directly to ATBE. Initial submissions directly to ATBE do NOT qualify as an ATBE Claim and will NOT be reviewed. Return ONLY to the ATBE Covered Party.

Board of Education against which you are making this claim _____

Driver of Board of Education vehicle _____

Date of Incident _____ Location of Incident _____

Claimant Information

Entity Asserting Claim for Subrogation _____

Contact Representative for Subrogating Entity _____

Address (Street, City, State, ZIP Code) _____

Telephone _____ Extension _____ Email Address _____

(Note: communications from ATBE will primarily be in writing, via email or mail)

Subrogor(s) (Insured or Covered Individual(s)) _____

If asserting a subrogation claim for medical payments or damages for personal injury provide the following information on behalf of each subrogor/covered individual. (Attach separate pages for multiple subrogors):

Date of Birth _____ Gender _____ Telephone _____

Address (Street, City, State, ZIP Code) _____

Enrolled in Medicare: Yes No If yes, Medicare HICN _____

Enrolled in Medicaid: Yes No

Parent/Legal Guardian Name and Relationship (if Subrogor is Minor) _____

Facts of Claim

Statement of Facts (For property damage claim describe the property and how the damage to the property occurred. For personal injury claim describe how the injury occurred. Attach additional pages if necessary. Attach a copy of the official police accident report and other documents that evidence and prove the claim.)

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Describe the property damage or personal injury (*Attach additional pages if necessary. For property damage attach estimate(s) of the cost of repair and if a vehicle was declared a total loss provide documentation supporting the vehicle valuation and salvage recovery. For personal injury attach medical records describing the injury and treatment, including the type and amount of medical services provided relating to the claimed injury, including itemized invoice records of the amounts accepted by the medical service provider(s).*)

What is the amount sought in subrogation? (*Attach documentation itemizing and substantiating all payments made for which reimbursement is sought through subrogation.*)

Property Damage _____

Personal Injury _____

Total _____

In my representative capacity I hereby affirm the information on this two page form and all attachments to be complete, true, and accurate. I understand that the language in this form in no way obligates ATBE or the Covered Party to reimburse or compensate for any incurred or expected costs or charges arising from the subject automobile incident. I understand that additional information may be required and requested regarding the claim for subrogation. I agree that electronic transmittal of this executed document shall be legal and binding. With respect to information contained herein and all supporting documentation, I understand and agree that there is no expectation of privacy or confidentiality and no duty imposed to protect from or notify of disclosure.

(Signature)

Date

(Printed Name)

As Authorized Representative of _____ **(Subrogating Entity)**

STATE OF _____)
_____ County)

I, the undersigned authority in and for said county and state hereby certify that the above signed, whose name as authorized representative of the above stated subrogating entity, and who is known to me, acknowledged and affirmed before me on this day that all of the above stated information is complete, true, and correct and they, in their representative capacity as such authorized representative executed the same voluntarily on the day the same bears date. Given under my hand this ____ day of _____, 20__.

SEAL

Notary Public, Printed Name
My Commission Expires:

Date Received by Covered Party (e.g., board of educ) _____ Received by _____