Notice of Claim Instructions

If you wish to make a claim against New Jersey Educational Facilities Authority, please read the following information:

The New Jersey Educational Facilities Authority (the "Authority") is protected from Tort actions by State Statute Title 59, and more specifically, Chapter 9, Paragraph 2e. Simply stated, Title 59: 9-2e means that, if you have insurance to cover "physical damage" to your property, the money you are entitled to receive under such policy of insurance shall be deducted from your claim against the Authority.

To expedite settlement of your claim, we ask that you settle your physical damage with your physical damage insurance carrier.

You may submit a claim for your deductible by forwarding a copy of your estimate and a copy of the declaration sheet showing the amount of your physical damage deductible to the address listed below.

If you do not have "physical damage" coverage and wish to submit a claim, please forward an estimate for the damage, a copy of the declaration sheet from your insurance policy, and complete the enclosed Tort claim form.

Since all claims which are filed against the Authority must be filed within 90 days of their occurrence, we suggest that your documentation be sent via certified mail. Although this is not required, it will ensure that you have proof of receipt by this office.

Please allow a minimum of 90 days for a reply to your claim submittals.

Mail your response to:	New Jersey Educational Facilities Authority	
	103 College Road East	
	Princeton, New Jersey 08540	

INITIAL NOTICE OF CLAIM FOR DAMAGES AGAINST NEW JERSEY EDUCATIONAL FACILITIES AUTHORITY

FORWARD TO: New Jersey Educational Facilities Authority 103 College Road East Princeton, New Jersey 08540 PHONE: (609) 987-0880

FORM MUST BE FILED WITHIN 90 DAYS OF THE ACCIDENT OR YOU MAY FORFEIT YOUR RIGHT.

1. CLAIMANT:

LAST NAME	FIRST	MIDDLE	
ADDRESS		LING ADDRESS IF OTHER THAN ADDRESS	
TELEPHONE	DATE OF BIRT	TH SOCIAL SECURITY NUMBER	
2. IF NOTICES AND CORRESPONDENCE IN CONNECTION WITH THIS CLAIM ARE TO BE SENT TO A PERSON OTHER THAN CLAIMANT, COMPLETE ITEM #2.			
LAST NAME	FIRST	MIDDLE	

ADDRESS

MAILING ADDRESS IF OTHR THAN ADDRESS

TELEPHONE

RELATIONSHIP TO CLAIMANT: ATTORNEY AT LAW [] OR ____

EXPLAIN RELATIONSHIP

3. CIRCUMSTANCES REGARDING THE OCCURRENCE OR ACCIDENT:

DATE

TIME

EXACT LOCATION OF THE OCCURRENCE

4. DESCRIBE THE ACCIDENT OR OCCURRENCE.

5. STATE THE NAME AND ADDRESS OF ALL WITNESSES TO THE ABOVE ACCIDENT OR OCCURRENCE.

6. STATE THE NAMES AND ADDRESSES OF EACH STATE AGENCY OR AGENCIES AND EACH NEW JERSEY EDUCATIONAL FACILITIES AUTHORITY EMPLOYEE WHOM YOU CLAIM CAUSED YOUR DAMAGES OR INJURIES.

7. STATE THE NAME AND ADDRESS OF ALL OTHER PERSONS, COMPANIES OR GOVERNMENTAL AGENCIES WHICH YOU CLAIM ARE RESPONSIBLE FOR YOUR INJURIES OR DAMAGES.

8. BRIEFLY DESCRIBE THE INJURIES, DAMAGES AND LOSSES INCURRED BY YOU.

9. THE AMOUNT OF THE CLAIM. _____

GIVE THE BASIS FOR THE CALCULATION OF THE ABOVE DAMAGES:

I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS MADE BY ME ARE TRUE. I AM AWARE THAT IF ANY STATEMENTS MADE HEREIN IS WILLFULLY FALSE OR FRAUDULENT, THAT I AM SUBJECT TO PUNISHMENT PROVIDED BY LAW.

X:____

CLAIMANT OR PERSON FILING ON BEHALF OF CLAIMANT

DATE