

NEW MEXICO PUBLIC SCHOOLS INSURANCE AUTHORITY

Cannon Cochran Management Services, Inc.

Claims Administrator
P.O. Box 30870

Albuquerque, New Mexico 87190-0870
800-635-0679 505-837-8700
505-888-6901 Fax



WINDSHIELD ONLY

District Name								
Address			City		State	Zip	Phone	
School/Dept. Name								
Address			City	City		Zip	Phone	
Driver's Name								
Address			City	City		Zip	Phone	
Date of Birth Social Se		Social Securi	urity No.		Driver's I	Driver's License No.		
Vehicle								
Make	Year	Year Mode		Serial	Serial #		cense #	
Where Vehicle May be Seen			Used for Busin Yes	ness?	Estimated Cost to Repair \$			
Accident								
Date of Loss	Time of Loss Loca (Stre		ation eet/Highway)	,		Stat	te	
Additional Comment	ί s:							
IMPORTANT: Has this accident been reported to a CCMSI adjuster? Yes \(\square\) No \(\square\)								
If reported, name of adjuster								
Signature/Title Date								