Claims service Provider

Davies Claims Solutions

639 Isbell Road #390

Reno, Nevada 89509

www.ascrisk.com

Named Insured and Mailing Address

(Name)

(Title)

(Address)

(City, State, Zip)

Policy Number: NPAIP 20212022

Coverage Period: 07/01/2021 – 07/01/2022

Complainant

Name:

Address:

City, State, Zip:

Phone:

Email:

RE: Filing a claim against a (**Name**) Pool Property and Casualty Coverage

Dear

I am a private citizen who has children that attend school in (**name**). The members of the school board are in violation of the contract they have signed with your insurance company and have caused injury and harm to multiple students and teachers in this district. Listed below are the terms and conditions of your insurance policy that cover the damages I am seeking.

I am not an expert in the law however I do know right from wrong. If there is any wo/man damaged by any statements herein, if s/he will inform me by facts I will sincerely make every effort to amend my ways. I hereby and herein reserve the right to amend and make amendments to this document as necessary, in order that the truth may be ascertained and proceedings justly determined. If the parties given notice by means of this document have information that would controvert and overcome this claim, please advise me IN WRITTEN CLAIM FORM within ten (10) days from receipt hereof, providing me with your counter-corrected claim information, proving with particularity by stating all requisite actual evidentiary fact and all requisite actual law, and not merely the ultimate facts or conclusions of law, that this Claim Statement is substantially and materially false sufficiently to change materially my status and factual declarations. Your silence stands as consent to, and tacit approval of, the factual declarations herein being established as fact as a matter of law.

Claim filed against: (**name, position, and address of school board**)

**Personal & Advertising Injury Limit: $25,000.00**

Policy conditions: The insurance applies to “personal” and advertising injury” caused by an offense arising out of your business but only if the offense arising out of your business but only if the offense was committed in the “coverage territory” during the policy period.

With respect to “body injury” or “property damage” an accident, including continuous or repeated exposure to substantially the same general harmful conditions or with respect to “personal and advertising injury” an offense or series of related offenses.

The (**name, title, school or government office)** distributed the following documents to all schools in the district, students, teachers, and parents:

**\*\*You will need to change the list of violations depending on what you are filing against.**

* Toolkit safe return policies for all school districts
* Advertising the COVID vaccine in all schools indicating the vaccine is safe for all children and educators to take.
* Promoting and advertising safe mask wearing for all educators and students.
* Promoting and enforcing social distasting in all schools.
* Promoting and pushing PCR testing for all students and teachers.
* Continue to enforce masking of young children in city schools and advertising this is safe and effective way to stop an illness that has not even been isolated or confirmed.

The school district falsely advertised and promoted masks, PCR tests and vaccines that were not approved by the FDA calling them safe and effective. This has caused a lot of damage to children with increased lung infections due to bacteria and fungus from wearing masks for 8 hours per day.

Damages sought:

I am seeking damages for (**description and amount**)

**Public Official Liability Coverage:**

The policy does not waive or otherwise limit any immunity, defense, or limitation on liability or damages available pursuant to “immunity or Tort Cap Law” or expand or increase the liability of any individual or entity beyond the liability that such individuals or entity would be subject to if you had not procured this insurance.

**Who is insured?**

The “educational institution”, and its board of governors, board of education, school committee, board of trustees, or commission while acting with the scope of their duties as such. Each of the following is also insured for acts within their duties as such: Elected or appointed members of your board of governors, board of education, school committee, board of trustees, or commissions; your employees.

(**name**) was acting outside his scope of duties and is personally responsible for damages for the decision he made. (**name**) has broken the following law(s) that I personally seek damages for myself and my children who attend school in this district.

**\*\*You will need to revise the list of violations depending on what you are filing against**

* Abuse of Power: Color of Law or Color of Office
* Violation of oath of office
* Practicing medicine without a license
* NRS 630.400
* Nevada Constitution, Article 1, Section 1
* Nevada Constitution, Article 1, Section 9
* Nevada Constitution, Article 1, Section 4
* Nevada revised statutes 199.430
* Nevada revised statutes 51.070
* Nevada revised statutes 651.080
* NRS 233.010
* NRS 200.571
* Abuse of power; Color of Law of Office
* Title VII of the 1964 Civil Rights Act
* COL Section 242 of Title 18

Above is a list of the State Laws (**name**) has broken that I personally seek damages for myself and my children who attend school in (**name**).

Damages Sought: $2,000,000

Claim for total damages: $2,250,000

Attached is my Affidavit of Status swearing I understand these laws, the claim I am filing against (**name**) and my personal responsibility if I file a false claim with your insurance company.

Sincerely,