

LOSS REPORT FOR: \_\_\_\_\_

PROPERTY  EQUIPMENT BREAKDOWN  TERRORISM

LOCATION INFORMATION

NAME OF LOCATION \_\_\_\_\_ LOCATION CODE (if applicable): \_\_\_\_\_

BUILDING NAME \_\_\_\_\_

CONTACT PERSON (at location): \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

OTHER PARTY INVOLVED (IF APPLICABLE)

NAME \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY & STATE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

NOTE: If there are additional parties, use a separate page to provide all contact information

INCIDENT INFORMATION

DATE/TIME OF INCIDENT: \_\_\_\_\_  AM  PM ADDRESS WHERE INCIDENT OCCURRED \_\_\_\_\_ CITY & STATE: \_\_\_\_\_

TYPE OF LOSS  FIRE  THEFT  LIGHTNING  HAIL  FLOOD  WIND  OTHER: \_\_\_\_\_

DESCRIBE INJURY OR DAMAGE \_\_\_\_\_

BRIEF DESCRIPTION OF INCIDENT INVOLVING PROPERTY DAMAGE / INJURY AND CAUSE OF LOSS \_\_\_\_\_

ACTION TAKEN TO PROTECT DAMAGED PROPERTY (USE AN ATTACHMENT IF NEEDED) \_\_\_\_\_

ESTIMATE OF ENTIRE LOSS \_\_\_\_\_ LOCATION OF DAMAGED PROPERTY \_\_\_\_\_

NOTE: Attach loss photos with report. Use an attachment if needed.

WITNESS INFORMATION (IF APPLICABLE)

WITNESS NAME \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY & STATE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

NOTE: If there are additional witnesses, use a separate page to provide all witness contact information.

REPORT INFORMATION

POLICE CONTACTED  YES  NO REPORT NUMBER: \_\_\_\_\_

INCIDENT REPORTED BY \_\_\_\_\_ DEPARTMENT/TITLE \_\_\_\_\_

PLEASE SEND COMPLETED LOSS NOTICE TO:

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