



NORTH AMERICAN DIVISION PROPERTY NOTICE OF LOSS

Central California Conference of SDA
2820 Willow Avenue, Clovis, CA 93612

OFFICE: (559) 347-3000

Submit Completed Form to: propandriskmgmt@cccsda.org

FOR YOUR PROTECTION SOME STATE LAWS REQUIRE THAT THE FOLLOWING STATEMENT APPEAR ON THIS FORM:

"IT IS UNLAWFUL TO: (A) PRESENT OR CAUSE TO BE PRESENTED ANY FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS UNDER A CONTRACT OF INSURANCE AND/OR (B) PREPARE, MAKE, OR SUBSCRIBE ANY WRITING WITH INTENT TO PRESENT OR USE THE SAME, OR TO ALLOW IT TO BE PRESENTED OR USED IN SUPPORT OF ANY SUCH CLAIM. EVERY PERSON WHO VIOLATES ANY PROVISION OF THIS SECTION IS PUNISHABLE BY IMPRISONMENT IN THE STATE PRISON NOT EXCEEDING THREE YEARS, OR BY FINE NOT EXCEEDING ONE THOUSAND DOLLARS, OR BY BOTH."

Type of Claim: **Equipment Breakdown** **Property**

▷ **INSURED:**

CONFERENCE:							
NAME OF ENTITY:							
DAMAGED PROPERTY - ADDRESS:				CITY:	STATE:	ZIP CODE:	
POINT OF CONTACT - FIRST NAME:				LAST NAME:			
TELEPHONE	BUSINESS:	RESIDENTIAL:	EMAIL ADDRESS:				

▷ **DESCRIPTION OF WHEN AND HOW LOSS OCCURRED:** *IF EXACT DATE IS NOT KNOWN, GIVE DATE OF DISCOVERY*

MONTH	DAY	YEAR	TIME		
				AM	PM
DESCRIPTION OF ACCIDENT/NATURE OF ACTIVITY <i>(USE ADDITIONAL SHEET IF NECESSARY)</i>					

▷ **DESCRIPTION OF PROPERTY DAMAGED OR STOLEN:** *(SUPPORT WITH WRITTEN VENDOR ESTIMATES AND PHOTOS. USE ADDITIONAL SHEETS IF NECESSARY)*

NAME, MODEL, SERIAL NUMBER	APPROXIMATE AGE	REPLACEMENT COST

▷ **ESTIMATE OF LOSS, IF AVAILABLE**

BUILDING: \$	STOLEN GOODS: \$	TOTAL ESTIMATES: \$
CONTENTS: \$	STOLEN MONEY: \$	LESS DEDUCTIBLE: \$
TEMPORARY REPAIRS: \$	GLASS: \$	NET ESTIMATE: \$

▷ **ALL CRIME LOSSES MUST BE REPORTED TO POLICE:**

INCLUDING THEFT, BURGLARY, VANDALISM, VEHICLE DAMAGE TO BUILDING, ETC. THE POLICE REPORT WILL BE REQUIRED TO PROCESS THIS CLAIM

DATE REPORTED TO POLICE (MM/DD/YYYY):	POLICE REPORT NUMBER:	PHONE NUMBER:		
INVESTIGATING ORGANIZATION:		CITY:	STATE:	ZIP CODE:
ADDRESS:				

▷ SIGNATURE OF AUTHORIZED ENTITY REPRESENTATIVE:

TITLE:

DATE OF SIGNING (MM/DD/YYYY):

▷ SIGNATURE OF AUTHORIZED INSURED REPRESENTATIVE:

TITLE:

DATE OF SIGNING (MM/DD/YYYY):



DENOMINATIONAL PROPERTIES

IF REPORTING A CATASTROPHIC LOSS, (HURRICANE, FIRE, FLOODS, EARTHQUAKE, VOLCANO, ETC.)
PLEASE REPORT IMMEDIATELY TO THE ADVENTIST RISK MANAGEMENT CLAIMS DEPARTMENT
FOR FURTHER INSTRUCTIONS BEFORE COMPLETING THE FOLLOWING STEPS.

Adventist Risk Management, Inc.
12501 Old Columbia Pike
Silver Spring, MD 20904
OFFICE: (301) 453-7400 - FAX: (301) 453-7060
EMAIL: claims@adventistrisk.org

CLAIMS INFORMATION

SEND LOSS NOTICE IMMEDIATELY - THE FOLLOWING DOCUMENTATION IS NEEDED TO COMPLETE THE CLAIM PROCESS AS SOON AS IT IS AVAILABLE.

BUILDING: (ITEMIZED REPLACEMENT COST)

- Itemized written estimates or invoices for material and labor by a contractor.

CONTENTS: (REPLACEMENT COST)

- Must have written replacement estimates or bills for items of like kind and quality, or repair estimates if items are repairable.

MONEY & SECURITIES:

- Furnish accounting records to substantiate loss. If unavailable, give explanation of how amount was determined.

INLAND MARINE: (SCHEDULED DECLARED VALUE)

- Give name of entity under which the item is scheduled and the serial number as listed on your statement of values.

BURGLARY & THEFT:

- Police report. If you cannot get report, give name of Police Station reported to and the report number.

STORM & FIRE LOSSES:

- Pictures and newspaper clippings.
- Fire Marshall's Report of Fire.

CHECK LIST

- ✓ **DATE OF LOSS**
- ✓ **EXACT LOCATION AND COMPLETE STREET ADDRESS**
- ✓ **EXACTLY WHAT IS BEING CLAIMED (MATERIAL, LABOR, CASH, CONTENTS, ETC.)**
- ✓ **SIGNATURE OF AUTHORIZED REPRESENTATIVE OF ENTITY**

