

PROPERTY LOSS NOTICE
STATE OF ALABAMA
FINANCE DEPARTMENT
DIVISION OF RISK MANAGEMENT
777 S LAWRENCE STREET
MONTGOMERY, ALABAMA 36104
(334) 223-6120, FAX (334) 223-6282

AGY-DIV _____

CLAIM NO. _____

PROPERTY LOSSES SHOULD BE REPORTED BY
TELEPHONE IMMEDIATELY UPON DISCOVERY.
FORWARD THIS COMPLETED FORM **AFTER**
THE PHONE CALL TO RISK MANAGEMENT.

COVERED PROPERTY:

DEPARTMENT _____ DIVISION _____
LOCATION & ITEM NO. _____ BUILDING NAME _____
(IF MORE THAN ONE, PROVIDE ATTACHMENT)

LOSS INFORMATION:

DATE OF LOSS _____ TIME _____ LOCATION OF LOSS _____
(IF UNKNOWN, INDICATE DATE FIRST DISCOVERED)

GIVE CITY, STREET, HIGHWAY, COUNTY
CAUSE OF LOSS BURGLARY LIGHTNING WIND FIRE WATER VEHICLE FREEZE HAIL
(CIRCLE ONE) VANDALISM OTHER _____
NOTE: IF BURGLARY, EVIDENCE OF FORCIBLE ENTRY ON EXTERIOR? Y () N () UNK ()
OVER \$1,000? Y () N () POLICE REPORT FILED? Y () N ()
NATURE AND EXTENT OF DAMAGE _____

ESTIMATED DOLLAR AMOUNT OF LOSS \$ _____
NAME, ADDRESS & PHONE NUMBER OF CONTACT PERSON: _____

OTHER INSURANCE:

DO YOU HAVE OTHER INSURANCE THAT WOULD APPLY TO THIS LOSS? Y () N ()
IF YES, NAME, ADDRESS & PHONE NUMBER OF INSURANCE COMPANY: _____

LIST CONTENTS ITEMS ONLY:

LIST CONTENTS ITEMS ONLY:			FOR OFFICE USE ONLY:	
PROPERTY ITEM	ORIGINAL DATE PURCHASED	CURRENT REPLACEMENT COST	DEPRECIATION	ALLOWANCE

I HEREBY CERTIFY THAT THE INFORMATION COMPLETED ON THIS FORM IS CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE _____

DATE _____

TITLE _____

PHONE _____