

Risk Management Office
P.O. Box 369
Ogdensburg, NY 13669

Immediately after on accident fill out this form and send to:

LOCATION CODE

LOSS REPORT, PROPERTY

FOR DAMAGE TO YOUR OWN PROPERTY

CLIENT INFORMATION

NAME OF COMPANY/CLIENT LOCATION			PHONE NUMBER	
ADDRESS		CITY	STATE	ZIP
LOCATION OF LOSS				
DATE OF LOSS	TIME OF LOSS	ESTIMATE OF LOSS		

BUILDING AND/OR CONTENTS

DETAILS OF LOSS

CARGO

NAME OF DRIVER

OWNER OF VEHICLE

DESCRIPTION OF VEHICLE-INCLUDE MAKE, YEAR, SERIAL NO.

BOILER & MACHINERY

DETAILS OF LOSS

EMPLOYEE DISHONESTY

NAME OF EMPLOYEE	DATE OF EMPLOYMENT
JOB TITLE	

ROBBERY OR SAFE BURGLARY

CULPRIT APPREHENDED-EXPLAIN

POLICE AUTHORITY INVOLVED-EXPLAIN

ATTACH SUPPORTING MATERIAL-POLICE REPORT-NEWSPAPER ACCOUNT, DETAILS OF CLAIM, ETC.

SUMMARY

(HOW LOSS OCCURRED AND DAMAGE EXTENT) ATTACH SUPPORTING MATERIAL, ANY AVAILABLE REPORTS, NEWSPAPER ACCOUNT, PICTURES, REPAIR ESTIMATES OR BILLS, ETC.

DATE _____ SIGNATURE AND TITLE _____

NOTE: USE REVERSE SIDE IF ADDITIONAL SPACE IS NEEDED