

# NORTH AMERICAN DIVISION PROPERTY NOTICE OF LOSS

12501 Old Columbia Pike - Silver Spring, MD 20904 **OFFICE:** (888) 951-4ARM (4276) **FAX:** (301) 453-7060

**EMAIL:** claims@adventistrisk.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."

| INSURED:   |  |                         |   |                  |                 |           |
|--|--|-------------------------|---|------------------|-----------------|-----------|
| CONFERENCE:  |  |                         |   |                  |                 |           |
| NAME OF ENTITY:  |  |                         |   |                  |                 |           |
| DAMAGED PROPERTY - ADDRESS:  |  |                         | CITY:                                   |                  | STATE:          | ZIP CODE: |
| POINT OF CONTACT - FIRST NAME:   |  | I                       | AST NAME:                               |                  |                 |           |
| TELEPHONE   BUSINESS:  | RESIDENTIAL:   |                         | MAIL ADDRESS:                           |                  |                 |           |
| DESCRIPTION OF WHEN AND HOW LOS  | S OCCURRED: IF EXACT DATE  | TE IS NOT KNOWN, (      | GIVE DATE OF DISCOVERY                  |                  |                 |           |
| MONTH DAY  | Υ  | YEAR                    |   | TIME             |                 |           |
|  |  |                         |   |                  | AM              |           |
| DESCRIPTION OF ACCIDENT/NATURE OF ACTIVITY (USE ADD  | DITIONAL SHEET IF NECESSARY)   |                         |   |                  |                 |           |
| DESCRIPTION OF PROPERTY DAMAGED  | OR STOLEN: (SUPPORT WIT  | H WRITTEN <b>VENDOR</b> | <b>ESTIMATES</b> AND <b>PHOTOS</b> . US | SE ADDITIONAL SE | HEETS IF NECESS | SARY)     |
|  |  |                         | APPROXIMATE AGE                         |                  | REPLACEMENT     | COST      |
| NAME, MODEL, SERIAL NUMBER   |  |                         | AI I HOAIMAI E AGE                      |                  |                 |           |
| NAME, MODEL, SERIAL NUMBER   |  |                         | ALL HOAIMALE AGE                        |                  |                 |           |
| NAME, MODEL, SERIAL NUMBER   |  |                         | AT THOMINAL AGE                         |                  |                 |           |
| NAME, MODEL, SERIAL NUMBER   |  |                         | AT HOMINAL AGE                          |                  |                 |           |
| NAME, MODEL, SERIAL NUMBER   |  |                         | AT HOMINAL AGE                          |                  |                 |           |
| NAME, MODEL, SERIAL NUMBER   |  |                         | AT HOMINAL AGE                          |                  |                 |           |
|  |  |                         |   |                  |                 |           |
| ESTIMATE OF LOSS, IF AVAILABLE   |  |                         |   |                  |                 |           |
| ESTIMATE OF LOSS, IF AVAILABLE BUILDING: \$  | STOLEN GOODS:  | \$                      |   | TOTAL ESTIMATE   |                 |           |
| ESTIMATE OF LOSS, IF AVAILABLE BUILDING: \$ CONTENTS: \$   | STOLEN MONEY:  | \$                      |   | LESS DEDUCTIBL   | E: \$           |           |
| ESTIMATE OF LOSS, IF AVAILABLE BUILDING: \$  |  |                         |   |                  |                 |           |
| ESTIMATE OF LOSS, IF AVAILABLE BUILDING: \$ CONTENTS: \$ TEMPORARY REPAIRS: \$  ALL CRIME LOSSES MUST BE REPORTED  | STOLEN MONEY: GLASS: TO POLICE:  | \$                      |   | LESS DEDUCTIBL   | E: \$           |           |
| ESTIMATE OF LOSS, IF AVAILABLE BUILDING: \$ CONTENTS: \$ TEMPORARY REPAIRS: \$  ALL CRIME LOSSES MUST BE REPORTED  | STOLEN MONEY: GLASS: TO POLICE:  | \$                      |   | LESS DEDUCTIBL   | E: \$           |           |
| ESTIMATE OF LOSS, IF AVAILABLE BUILDING: \$ CONTENTS: \$ TEMPORARY REPAIRS: \$  ALL CRIME LOSSES MUST BE REPORTED INCLUDING THEFT, BURGLARY, VANDALISM, VEHICLE DAMAGE   | STOLEN MONEY:  GLASS:  TO POLICE:  TO BUILDING, ETC. THE POLICE REPORT | \$                      |   | LESS DEDUCTIBL   | E: \$           |           |
| ESTIMATE OF LOSS, IF AVAILABLE BUILDING: \$ CONTENTS: \$ TEMPORARY REPAIRS: \$  ALL CRIME LOSSES MUST BE REPORTED INCLUDING THEFT, BURGLARY, VANDALISM, VEHICLE DAMAGE DATE REPORTED TO POLICE (MM/DD/YYYY): INVESTIGATING ORGANIZATION: | STOLEN MONEY:  GLASS:  TO POLICE:  TO BUILDING, ETC. THE POLICE REPORT | \$                      | POCESS THIS CLAIM                       | LESS DEDUCTIBL   | E: \$           | ZIP CODE: |
| ESTIMATE OF LOSS, IF AVAILABLE  BUILDING: \$ CONTENTS: \$ TEMPORARY REPAIRS: \$  ALL CRIME LOSSES MUST BE REPORTED  INCLUDING THEFT, BURGLARY, VANDALISM, VEHICLE DAMAGE  DATE REPORTED TO POLICE (MM/DD/YYYY):                          | STOLEN MONEY:  GLASS:  TO POLICE:  TO BUILDING, ETC. THE POLICE REPORT | \$                      | POCESS THIS CLAIM  PHONE NUMBER:  CITY: | LESS DEDUCTIBL   | STATE:          | ZIP CODE: |



#### **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
- $\sqrt{}$  EXACTLY WHAT IS BEING CLAIMED (MATERIAL, LABOR, CASH, CONTENTS, ETC.)
- √ SIGNATURE OF AUTHORIZED REPRESENTATIVE OF ENTITY



## **Additional Information**

| NAMF (      | OF ENTITY:   |
|-------------|--------------|
| III/IIIIE ( | /I LIVIII I. |

ightharpoonup description of when and how loss occurred — additional information

#### ightharpoonup description of property damaged or stolen — additional information

| NAME, MODEL, SERIAL NUMBER | APPROXIMATE AGE | REPLACEMENT COST |
|----------------------------|-----------------|------------------|
|                            |                 |                  |
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