NORTH AMERICAN DIVISION PROPERTY
NOTICE OF LOSS

Adventist Risk Management, Inc.

12501 Old Columbia Pike - Silver Spring, MD 20904
OFFICE: (888) 951-4ARM (4276) | **FAX:** (301) 453-7060
EMAIL: claims@adventistrisk.org

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 *(USE ADDITIONAL SHEET IF NECESSARY)*

▷ **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:

INVESTIGATING ORGANIZATION: PHONE NUMBER:

ADDRESS: CITY: STATE: ZIP CODE:

▷ 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.

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Silver Spring, MD 20904
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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**

Additional Information

NAME OF ENTITY:

▷ **DESCRIPTION OF WHEN AND HOW LOSS OCCURRED — ADDITIONAL INFORMATION**

▷ **DESCRIPTION OF PROPERTY DAMAGED OR STOLEN — ADDITIONAL INFORMATION**

NAME, MODEL, SERIAL NUMBER	APPROXIMATE AGE	REPLACEMENT COST