



# HOUSEHOLDERS STATEMENT OF LOSS

12501 Old Columbia Pike - Silver Spring, MD 20904  
**OFFICE:** (301) 453-7400 | **FAX:** (301) 453-7060  
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**PLEASE ANSWER ALL QUESTIONS IN ORDER TO EXPEDITE CLAIM PROCESSING**

PERSON I.D. \_\_\_\_\_  
 DIVISION: \_\_\_\_\_ EMPLOYING ORGANIZATION: \_\_\_\_\_  
 FIRST NAME: \_\_\_\_\_ M.I. \_\_\_\_\_ LAST NAME: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 LOSS LOCATION: \_\_\_\_\_

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

MONTH	DAY	YEAR	TIME
			AM PM

▷ **GIVE DETAILS - BE SPECIFIC:** *USE REVERSE SIDE IF NECESSARY*

IS THERE ANY OTHER INSURANCE APPLICABLE TO THIS LOSS? (GIVE DETAILS): \_\_\_\_\_  
 AT THE TIME OF LOSS, THE PROPERTY INSURED WAS EXCLUSIVELY OWNED BY: \_\_\_\_\_

▷ **IF BURGLARY, THEFT OR VANDALISM**

TAKEN FROM INSURED'S: RESIDENCE AUTO OTHER (EXPLAIN) \_\_\_\_\_  
 METHOD OF ENTRY USED: \_\_\_\_\_  
 VISIBLE SIGNS OF FORCED ENTRY? YES NO (EXPLAIN) \_\_\_\_\_

LOSS REPORTED TO POLICE: \_\_\_\_\_  
 YES WHEN: (MM/DD/YYYY) REPORT #: \_\_\_\_\_  
 POLICE DEPARTMENT/STATION: \_\_\_\_\_  
 (IF POSSIBLE, PLEASE INCLUDE POLICE REPORT)  
 NO (EXPLAIN) \_\_\_\_\_

▷ **DESCRIPTION OF ITEMS LOST OR DAMAGED:**

NAME CURRENCY USED FOR ESTIMATES AND COSTS: \_\_\_\_\_

ITEM DESCRIPTION	DATE PURCHASED (MM/DD/YYYY)	UNSCHEDULED REPLACEMENT COST (INCLUDE WRITTEN ESTIMATES OR RECEIPTS)	FOR ARM USE ONLY EXCHANGE RATE
			DEDUCTIBLE
			AMOUNT DUE

The undersigned states that he/she is the true and lawful owner of the items set forth above; that the foregoing statement is true and correct; that none of the articles were returned or recovered, and that in the event all or any part thereof is recovered, the undersigned agrees to make full restitution or deliver the property to Adventist Risk Management, Inc.

▷ SIGNATURE: \_\_\_\_\_ DATE (MM/DD/YYYY): \_\_\_\_\_



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<b>ITEM DESCRIPTION</b>	<b>DATE PURCHASED</b> <small>(MM/DD/YYYY)</small>	<b>UNSCHEDULED REPLACEMENT COST</b> <small>(INCLUDE WRITTEN ESTIMATES OR RECEIPTS)</small>	<b>FOR ARM USE ONLY</b> <b>EXCHANGE RATE</b>
			<b>AMOUNT TO CARRY OVER</b>