



# NORTH AMERICAN DIVISION PROPERTY STATEMENT OF LOSS

12501 Old Columbia Pike - Silver Spring, MD 20904  
OFFICE: (301) 680-6870 | FAX: (301) 680-6878  
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."

**▷ POLICY:**

CONFERENCE:  
NAME OF ENTITY:  
DAMAGED PROPERTY - ADDRESS: CITY: STATE: ZIP CODE:  
POINT OF CONTACT - FIRST NAME: M.I. 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)**

MAKE, MODEL, SERIAL NUMBER	APPROXIMATE AGE	REPLACEMENT COST
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**▷ ESTIMATE OF LOSS:**

BUILDING: \$	STOLEN GOODS: \$	TOTAL ESTIMATES: \$
CONTENTS: \$	STOLEN MONEY: \$	LESS DEDUCTIBLE: \$
TEMPORARY REPAIRS: \$	GLASS: \$	NET ESTIMATE: \$

**▷ ALL CRIME LOSSES MUST BE REPORTED TO POLICE:**

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.

**Adventist Risk Management, Inc.**  
12501 Old Columbia Pike  
Silver Spring, MD 20904  
**OFFICE: (301) 680-6870 - FAX: (301) 680-6878**  
**EMAIL: [claims@adventistrisk.org](mailto: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.
- If labor is done by members, number of man-hours times the amount that would be paid per hour.

### **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**