



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
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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.
- 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**