



**NORTH AMERICAN DIVISION PROPERTY** (ed. 05/2013)

**STATEMENT OF LOSS**

12501 Old Columbia Pike

Silver Spring, MD 20904

OFFICE: (301) 680-6870 FAX: (301) 680-6878 EMAIL: [claims@adventistrisk.org](mailto: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			
ADDRESS OF DAMAGED PROPERTY			
POINT OF CONTACT			
TELEPHONE	BUSINESS	HOME	
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
GIVE DETAILS – BE SPECIFIC (USE REVERSE SIDE IF NECESSARY)				

**DESCRIPTION OF PROPERTY DAMAGED OR STOLEN**

*(Support with written vendor estimates and photos. Use additional sheets if necessary.)*

MAKE, MODEL, SERIAL NO.	APPROXIMATE AGE	REPLACEMENT COST

**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		POLICE REPORT NO.	
INVESTIGATING ORGANIZATION			
ADDRESS			
TELEPHONE			

SIGNATURE OF AUTHORIZED ENTITY REPRESENTATIVE

TITLE/CAPACITY

DATE OF SIGNING

SIGNATURE OF AUTHORIZED INSURED REPRESENTATIVE

TITLE/CAPACITY

DATE OF SIGNING

FAILURE TO PROMPTLY REPORT LOSS OR DAMAGE IS A CONTRACT VIOLATION AND MAY VOID COVERAGE. SUPPLY AS MUCH INFORMATION AS POSSIBLE TO AVOID DELAY.

# 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