



ADVENTIST RISK MANAGEMENT, INC.
ATTN: CLAIMS & LEGAL SERVICES DEPT.

P O Box 8007 * Riverside, CA 92515 (800) 255-9090 (ext. 6823) * FAX (909) 353-6848

**PROPERTY
LOSS NOTICE**

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					
	Contact Person (please print)		Telephone			
LOSS	DESCRIPTION OF WHEN AND HOW LOSS OCCURRED Give details--be specific (attach additional sheet if necessary)					
	MONTH	DAY	YEAR			
	DESCRIPTION OF PROPERTY DAMAGED OR STOLEN		Support with written vendor estimates			
	MAKE, MODEL, SERIAL NO.		APPROX. AGE	REPLACEMENT COST		
ESTIMATE OF LOSS	Building	\$ _____	Stolen Goods	\$ _____	Total Estimates	\$ _____
	Contents	\$ _____	Stolen Money	\$ _____	Less Deductible	\$ _____
	Temp. Repairs	\$ _____	Glass	\$ _____	Net Estimate	\$ _____
ALL CRIME LOSSES MUST BE REPORTED TO POLICE	Date Reported to Police:		Police Report No.:		Phone:	
	Investigating Organization:					
	Address:					
DATE	SIGNATURE Of Authorized Entity Representative				TITLE/CAPACITY	
DATE	SIGNATURE Of Authorized Insured Representative				TITLE/CAPACITY	