

STATE OF IDAHO PROPERTY OR LOSS REPORTING FORM

Department of Administration
Bureau of Risk Management
Room 102, Len B. Jordan Building
Boise, ID 83720

AGENCY SUFFERING LOSS: _____

DATE OF LOSS OR DAMAGE _____

TYPE OF LOSS: Fire _____ Explosion _____ Wind _____ Water _____
 Machinery _____ Breakage _____ Power Outage _____
 Inside Theft _____ Outside Theft _____ Other _____

ITEM DAMAGED OR STOLEN: _____

DESCRIPTION OF LOSS OR DAMAGE (If lost, location of item when last seen): _____

APPROXIMATE DOLLAR AMOUNT OF LOSS OR DAMAGE: _____

REPORT SUBMITTED BY: _____ PHONE: _____

WHO SHOULD BE CONTACTED FOR FURTHER INFORMATION? _____

ADDRESS AND PHONE: _____

COULD ANYTHING HAVE BEEN DONE TO PREVENT THE DAMAGE OR LOSS? _____

WHAT COULD BE DONE IN THE FUTURE TO PREVENT SIMILAR DAMAGE OR LOSS? _____

RISK MANAGEMENT USE ONLY

Copy to insurance broker	Yes _____	No _____	Done _____
Adjuster assigned	Yes _____	No _____	Done _____
Coverage verified	Yes _____	No _____	Done _____

Inland Marine _____ Property _____ Boiler _____ Other _____

Policy Number _____ Policy Dates: _____

Notes: _____