

**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: \_\_\_\_\_