Property Loss Report

Date:_____ **Claim Contact:**_____

Member Name:_____ **Member Telephone #:** _____

Address:_____
Street **City** **State** **Zip**

Claim Contact Telephone #:_____ **Certificate #:**_____

Effective Date:_____ **Loss Location:**_____

Date of Loss:_____**Time of Loss:**_____

Loss Facts:_____

_____

Kind of Loss: ☐ **Fire** ☐ **Theft** ☐ **Lightning** ☐ **Hail** ☐ **Flood** ☐ **Wind** ☐ **Other: explain**

Location Code: ☐ **1-Administration** ☐ **2-Police** ☐ **3-Fire** ☐ **4-Parks/Recreation** ☐ **5-Water/Sewer** ☐ **6-Streets/Highways**

_____

_____

Any prior damages? _____ Yes _____ No If yes, please explain_____

_____

Property Location:_____

Bldg/Contents_____ **Amount $**_____

Bldg/Contents_____ **Amount $**_____

Witnesses/Phone:_____

Police/Fire Department:_____**Report #:**_____
Attach if Available

Send to: *Public Entity Risk Services of Ohio*
6500 Taylor Road
Blacklick, OH 43004

Fax #: *614-729-6046*
Phone#: *614-729-1600*
E-mail *dhenry@persopool.com*

Report Completed By:_____**Telephone #:**_____