Immediately after an accident, fill out this form and send it to:

MAINE COUNTY COMMISSIONERS ASSOCIATION
SELF-FUNDED RISK MANAGEMENT POOL
LOSS REPORT, PROPERTY

LOCATION CODE

FOR DAMAGE TO YOUR OWN PROPERTY

CLIENT INFORMATION

NAME OF COMPANY/CLIENT LOCATION:			PHONE NUMBER:
ADDRESS:	CITY:	STATE:	ZIP:
LOCATION OF LOSS:			
DATE OF LOSS:	TIME OF LOSS:		ESTIMATE OF LOSS:

BUILDING AND/OR CONTENTS

DETAILS OF LOSS:

CARGO

NAME OF DRIVER:
OWNER OF VEHICLE:
DESCRIPTION OF VEHICLE – INCLUDE MAKE, YEAR, SERIAL NO.:

BOILER & MACHINERY

DETAILS OF LOSS:

EMPLOYEE DISHONESTY

NAME OF EMPLOYEE:	DATE OF EMPLOYMENT:
JOB TITLE:	

ROBERY OR SAFE BURGLARY

CULPRIT APPREHENDED – EXPLAIN:
POLICE AUTHORITY INVOLVED – EXPLAIN:
ATTACH SUPPORTING MATERIAL – POLICE REPORT – NEWSPAPER ACCOUNT, DETAILS OF CLAIM, ETC.

SUMMARY

(HOW LOSS OCCURRED AND DAMAGE EXTENT) ATTACH SUPPORTING MATERIAL, ANY AVAILABLE REPORTS, NEWSPAPER ACCOUNT, PICTURES, REPAIR ESTIMATES OR BILLS, ETC.:	
DATE:	SIGNATURE AND TITLE:

NOTE: USE REVERSE SIDE IF ADDITIONAL SPACE IS NEEDED