



PROPERTY LOSS CLAIM FORM

LOCATION INFORMATION School Church Date of Report: _____

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

CONTACT PERSON

Name: _____ Phone: _____ Email: _____

PROPERTY LOSS

Location where accident took place: _____ Date: _____ Time: _____ AM/PM

Provide detailed description of the cause of property loss: _____

Describe type and extent of damage: _____

Estimate amount of loss: \$ _____

Were police notified? Yes No

Officer's Name: _____

Police report number (if available): _____

What steps have been taken to secure premises and/or prevent additional property damage? (if applicable):

Form Completed By:

Name Date Phone Email

Submit to:
Archdiocese Insurance Program
Risk Management Office
2838 E. Burnside Street, Portland, Oregon 97214
503-234-5334 Fax: 503-234-2903
riskmanagement@archdpdx.org