



**ADVENTIST RISK MANAGEMENT, INC.**  
**ATTN: CLAIMS & LEGAL SERVICES**  
 12501 Old Columbia Pike Silver Spring MD 20904  
 301-680-6870 \* Fax 301-680-6878  
 Email: claims@adventistrisk.org

**PROPERTY  
LOSS  
NOTICE**

FOR YOUR PROTECTION SOME STATE LAWS REQUIRE THAT THE FOLLOWING STATEMENT APPEAR ON THIS FORM: "It is unlawful to: (a) Present or cause to be presented any false or fraudulent claim for the payment of a loss under a contract of insurance and/or (b) Prepare, make, or subscribe any writing with intent to present or use the same, or to allow it to be presented or used in support of any such claim. Every person who violates any provision of this section is punishable by imprisonment in the State Prison not exceeding three years, or by fine not exceeding one thousand dollars, or by both."

<b>POLICY</b>	Conference		Name of Entity			
	Address of Damaged Property					
	Contact Person (please print)			Telephone		
<b>LOSS</b>	DESCRIPTION OF WHEN AND HOW LOSS OCCURRED Give details--be specific (attach additional sheet if necessary)					
	MONTH	DAY	YEAR			
	DESCRIPTION OF PROPERTY DAMAGED OR STOLEN		<b>Support with written vendor estimates</b>			
	MAKE, MODEL, SERIAL NO.		APPROX. AGE	REPLACEMENT COST		
<b>ESTIMATE OF LOSS</b>	Building	\$ _____	Stolen Goods	\$ _____	Total Estimates	\$ _____
	Contents	\$ _____	Stolen Money	\$ _____	Less Deductible	\$ _____
	Temp. Repairs	\$ _____	Glass	\$ _____	Net Estimate	\$ _____
<b>ALL CRIME LOSSES MUST BE REPORTED TO POLICE</b>	Date Reported to Police:		Police Report No.:		Phone:	
	Investigating Organization:					
	Address:					
DATE	SIGNATURE Of Authorized Entity Representative				TITLE/CAPACITY	
DATE	SIGNATURE Of Authorized Insured Representative				TITLE/CAPACITY	

*Failure to promptly report loss or damage is a contract violation and may void coverage. Supply as much information as possible to avoid delay.*

# DENOMINATIONAL PROPERTIES

If reporting a catastrophic loss, (hurricane, fire, floods, earthquake, volcano, etc.) PLEASE report immediately to the ARM CLAIMS DEPARTMENT by phone (301) 680-6870; or fax (301) 680-6878 or E-mail: [claims@adventistrisk.org](mailto:claims@adventistrisk.org) for further instructions before completing the following steps

## CLAIMS INFORMATION

Send loss notice immediately. The following documentation is needed to complete claim process as soon as it is available.

- Building:** (ITEMIZED REPLACEMENT COST)
- Itemized written estimates or invoices for material and labor by a contractor.
  - If labor is done by members, number of man-hours times the amount that would be paid per hour.
- Contents:** (REPLACEMENT COST)
- Must have written replacement estimates or bills for items of like kind and quality, or repair estimates if items are repairable.
- Money and Securities:**
- Furnish accounting records to substantiate loss. If unavailable, give explanation of how amount was determined.
- Inland Marine**(Scheduled Declared Value)
- Give name of entity under which the item is scheduled and the serial number as listed on your statement of values.
- Burglary and Theft:**
- Police report. If you cannot get report, give name of Police Station reported to and the report number.
- Storm and Fire Losses:**
- Pictures and newspaper clippings.
  - Fire Marshall's Report of Fire

## CHECKLIST

- Date of loss
- Exact location and complete street address
- Exactly what is being claimed (material, labor, cash, contents, etc.)
- Signature of authorized representative of entity