



**DEPARTMENT OF FINANCIAL SERVICES**  
*Division of Risk Management*

**STATE RISK MANAGEMENT TRUST FUND  
NOTICE OF PROPERTY LOSS**

AGENCY'S NAME:		CERTIFICATE NO:	
BUREAU, DISTRICT OR INSTITUTION:			
LOCATION/ADDRESS OF LOSS:		COUNTY:	
YOUR BUILDING NO.	DATE OF LOSS:	TIME OF LOSS:	

**NOTE: A SEPARATE FORM IS REQUIRED FOR EACH BUILDING.**

<b>TYPE OF LOSS:</b>	
BUILDING – ESTIMATE OF DAMAGES:	\$
CONTENTS – ESTIMATE OF DAMAGES:	\$

**DETAILED DESCRIPTION OF LOSS:**


**IF LOSS WAS FIRE RELATED OR CAUSED DAMAGE TO A FIRE ALARM SYSTEM, WAS THE STATE FIRE MARSHAL'S OFFICE NOTIFIED?** YES  NO  N/A

**WAS LOSS PREVIOUSLY REPORTED TO DOI RISK MANAGEMENT BY TELEPHONE?** YES  NO

**IF YES, ENTER:**

CALLER'S NAME:	DATE:	PHONE:
DOI CONTACT:		

**FILED BY:**

SIGNATURE:	PHONE:	REPORT DATE:
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**INSTRUCTIONS:**

***THIS NOTICE OF PROPERTY LOSS FORM WILL BE USED TO REPORT ALL CLAIMS WITHIN 90 DAYS FROM THE DATE OF LOSS. REPORT ALL CLAIMS WITH SEVERE DAMAGE TO THE PROPERTY FUND IMMEDIATELY.***

*Complete this NOTICE OF PROPERTY LOSS in its entirety and mail to:*

**DEPARTMENT OF FINANCIAL SERVICES/RISK MANAGEMENT  
BUREAU OF PROPERTY, FINANCIAL & RISK SERVICES  
PROPERTY SECTION  
200 EAST GAINES STREET  
TALLAHASSEE, FL 32399-0337**

<b>CLAIM NUMBER:</b>	<b>TRUST FUND USE ONLY</b>	
COVERAGE CODE:	CAUSE:	LOCATION:
STRUCTURE CODE:	CARRIER CODE:	
<b>RESERVES</b>		
BUILDING:	CONTENTS:	EXP:
BY:	RECEIVED/NOTIFIED DATE:	