

**North Carolina Department of Insurance
State Property Fire Insurance Fund**

LOSS REPORTING FORM

DEPARTMENT OR UNIVERSITY _____

DIVISION _____

DATE OF LOSS _____ DATE REPORTED _____

BUILDING NAME _____

STREET ADDRESS _____ CITY _____

DEPARTMENT/DIVISION # _____ COMPLEX # _____ ASSET # _____

ESTIMATED DAMAGE \$ _____ CAUSE OF LOSS _____
(fire, wind, theft, etc.)

DESCRIPTION OF LOSS _____
(what was damaged or lost, cause, surge protection in-place, corrective action, attached reports, photographs, etc.)

CONTACT PERSON _____ TELEPHONE # _____

REPORTED BY _____ TELEPHONE # _____

GIVE PROMPT NOTIFICATION OF THE LOSS OR DAMAGE. FAILURE TO NOTIFY THE FUND WITHIN 30 DAYS OF LOSS OCCURRENCE MAY VOID YOUR COVERAGE. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT RICHARD BOLYARD AT (919) 647-0070; FAX (919) 715-0067 OR RICHARD.BOLYARD@NCDOI.GOV.