

INSURANCE LOSS NOTICE - State of West Virginia

BRIM USE ONLY

Instructions: For *all* losses, complete sections 1, 2 & 3
For *Auto* losses -- *also* section 4
For Insured *Property* losses -- *also* section 5

Coding _____ / _____ / _____
To Co _____

School (1) Insured Name: McDowell County Board of Education Insured Acct. # (required) 224

Insured Address: _____

Insured Phone Number (day): _____

Contact Person _____ Position with Insured _____
For insured (Contact Person)

(2) Date of Loss: _____ Time of Day: _____

Location of Occurrence: (Street address) _____

Description of Occurrence: _____

Investigated By: (Police, Fire, etc.) _____

(3) Injured/Property Damaged *use additional sheet(s) as necessary*

Name (injured/owner) _____ Home Phone #: _____

Address: _____ Work Phone #: _____

Age _____ Sex _____ Social Security #: _____ Occupation: _____

Employer: _____ Where is Property Now? _____

Description-Injury: _____

Description-Property Damage: _____ Estimate Amt. \$ _____

Witnesses: _____

(4) Auto Losses Only *use additional sheet(s) as necessary*

Insured Vehicle

Claimant Vehicle

Year _____ Make _____ Model _____ Year _____ Make _____ Model _____

VIN _____ VIN _____

Vehicle Driver _____ Vehicle Driver _____

Vehicle Owner _____ Vehicle Owner _____

Passengers _____ Passengers _____

(5) Insured Property Losses Only: Loss Type

() Fire () Windstorm () Burglary & Theft () Boiler & Machinery () Fidelity

() Vehicle () Aircraft () Other _____

SUBMITTED BY: _____ DATE: _____