

REPORT OF PROPERTY DAMAGE

* = Required Field

MEMBER NAME _____

* PARISH/SCHOOL _____

* ADDRESS _____

* CITY _____ * ZIP _____

* PHONE NUMBER _____ PARISH EMAIL _____

* PERSON REPORTING _____

DATE FORM COMPLETED (MM/DD/YYYY) _____

* DATE OF INCIDENT (MM/DD/YYYY) _____

LOCATION OF DAMAGE _____

WERE PHOTOGRAPHS TAKEN? _____

(Please take photos for damage in excess of \$5,000)

DESCRIBE INCIDENT

GIVE POLICE REPORT NUMBER _____

(If vandalism or theft, police must be notified.)

DESCRIBE BUILDING AND/OR CONTENTS DAMAGE

SPECIAL INSTRUCTIONS

- ***PROCEED WITH ANY EMERGENCY REPAIRS NEEDED TO PREVENT FURTHER DAMAGE.***
- ***TWO ESTIMATES ARE REQUIRED FOR ALL NON-EMERGENCY REPAIRS. PLEASE CONTACT THE CONSTRUCTION OFFICE WITH ASSISTANCE FOR VENDOR CONTACTS.***
- ***EMAIL COMPLETED FORM TO REPORTACLAIM@CATHOLICMUTUAL.ORG.***
 - ***INCLUDE ANY PICTURES OF THE ACCIDENT AREA AND DAMAGE OCCURRED WHEN SUBMITTING FORM.***
- ***EMAIL A COPY OF THE FORM TO THE DOSP INSURANCE & RISK MANAGEMENT OFFICE AT VCB@DOSP.ORG OR FAX TO 727-374-0214***