

## **Property Loss Report**

| Date:                                     |                      |               |                                       |      |                      |
|---|----------------------|---------------|---------------------------------------|------|----------------------|
| Member Name:                              |                      |               | Telephone #:                          |      |                      |
| Address:                                  |                      |               |                                       |      |                      |
| Claim Contact:                            |                      |               | Telephone #:                          |      |                      |
| Certificate #:  Loss Location:            |                      |               | Effective Date:  Date & Time of Loss: |      |                      |
|   |                      |               |                                       |      |                      |
| Kind of Loss:                             | Fire                 | Theft         | Lightning                             | Hail | Flood                |
|   | Other (pl            | ease explain) |                                       |      |                      |
| Location Code:                            | 1 - Administration   |               | 2 - Police                            |      | 3 - Fire             |
|   | 4 - Parks/Recreation |               | 5 - Water/Sewer                       |      | 6 - Streets/Highways |
| Any prior damage? If yes, please explain: |                      | ase explain:  |                                       |      |                      |
| Property Location:                        |                      |               |                                       |      |                      |
| Bldg/Contents:                            |                      |               | Amount:                               |      |                      |
| Bldg/Contents:                            |                      |               | Amount:                               |      |                      |
| Witness Name:                             |                      |               | Telephone #:                          |      |                      |
| Witness Name:                             |                      |               | Telephone #:                          |      |                      |
| Police Department:                        |                      |               | Report #:                             |      |                      |
| Please mail to:                           |                      |               |                                       |      |                      |
| Public Entity R                           | s of Ohio (PERSO)    |               |                                       |      |                      |
| 6500 Taylor Ros                           |                      |               |                                       |      |                      |
| Blacklick, OH 4                           |                      |               |                                       |      |                      |
| Phone: 866.907                            | 14.729.1600          |               |                                       |      |                      |
| Fax: 614.729.6046                         |                      |               |                                       |      |                      |
| Report completed by:                      |                      |               | Telephone #:                          |      |                      |
| Email Address:                            |                      |               |                                       |      |                      |