



DATE REPORTED: \_\_\_\_\_

**LOSS REPORT for** \_\_\_\_\_

PROPERTY  EQUIPMENT BREAKDOWN  TERRORISM

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NAME of LOCATION: \_\_\_\_\_

LOCATION CODE (if applicable): \_\_\_\_\_ BUILDING NAME: \_\_\_\_\_

ADDRESS WHERE INCIDENT OCCURRED: \_\_\_\_\_ CITY and STATE: \_\_\_\_\_

CONTACT PERSON (at location): \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

EMAIL: \_\_\_\_\_

DATE/TIME of INCIDENT: \_\_\_\_\_

POLICE CONTACTED?  YES  NO REPORT #: \_\_\_\_\_

TYPE of LOSS:  FIRE  THEFT  LIGHTNING  HAIL  FLOOD  WIND  OTHER \_\_\_\_\_

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(OTHER PARTY INVOLVED)

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY and STATE: \_\_\_\_\_

HOME PHONE: ( ) \_\_\_\_\_ WORK PHONE: ( ) \_\_\_\_\_

DESCRIBE INJURY or DAMAGE: \_\_\_\_\_

BRIEF DESCRIPTION of INCIDENT INVOLVING PROPERTY DAMAGE and CAUSE of LOSS (ATTACH PHOTOS WITH REPORT, USE AN ATTACHMENT IF NEEDED):  
\_\_\_\_\_  
\_\_\_\_\_

ACTION TAKEN TO PROTECT DAMAGED PROPERTY (USE AN ATTACHEMENT OF NEEDED):  
\_\_\_\_\_  
\_\_\_\_\_

PROBABLE AMOUNT LOSS: \$ \_\_\_\_\_

WITNESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: ( ) \_\_\_\_\_ WORK PHONE: ( ) \_\_\_\_\_

REPORTED BY: \_\_\_\_\_ DEPARTMENT/TITLE: \_\_\_\_\_

**PLEASE SEND COMPLETED NOTICE TO**

EMAIL: [Jacqueline.Baynard@sorm.state.tx.us](mailto:Jacqueline.Baynard@sorm.state.tx.us), [SCclaims@ajg.com](mailto:SCclaims@ajg.com) ,  
[Trey.Johnson@yorkrsg.com](mailto:Trey.Johnson@yorkrsg.com) and [Cheryl.Kelley@ajg.com](mailto:Cheryl.Kelley@ajg.com)

Phone: 817-988-5088 Trey Johnson / 512-936-1555 Jackie Baynard

Arthur J. Gallagher Risk Management Services, Inc. 5420 LBJ Freeway, Suite 400 Dallas, TX 75240

CLAIMS: (800) 777-9418 FAX (972) 991-4061

**Please note: Filling out this form is a formal and necessary step in the claims process. No other notice (phone calls, email, etc.) is considered valid notification.**