



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

**Loss Report for** \_\_\_\_\_

Property Equipment Breakdown Terrorism

**Location:**

Name of Location: \_\_\_\_\_  
Location code (if applicable): \_\_\_\_\_ Building Name: \_\_\_\_\_  
Address Where Incident occurred: \_\_\_\_\_ City & 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: \_\_\_\_\_

**Other Party Involved:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City & State: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

**Description:**

Describe Injury or Damage: \_\_\_\_\_  
Brief Descriptions of incident involving property damage or injury and cause of loss (Attach photos with report. Use an attachment if needed.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Action Taken to Protect Damaged Property (Use an attachment if needed): \_\_\_\_\_

Probable Amount of Entire Loss: \$ \_\_\_\_\_

**Witness:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Reported By: \_\_\_\_\_ Department/Title: \_\_\_\_\_

**Please send completed loss notice to:**

Email: [SormInsuranceTeam@sorm.texas.gov](mailto:SormInsuranceTeam@sorm.texas.gov),  
[Trey.Johnson@sedgwick.com](mailto:Trey.Johnson@sedgwick.com) and [GGB.SORM@ajg.com](mailto:GGB.SORM@ajg.com)

Phone: Trey Johnson: 817-988-5088 / Christian Oliphant: 512-936-1787

Arthur J. Gallagher Risk Management Services, Inc., 9442 Capital of TX Hwy #950, Austin, TX 78759

CLAIMS: (855) 497-0578 FAX (225) 663-3224