



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,
John.Green@sedgwick.com and GGB.SORM@ajg.com

Phone: John Green: 214-415-2087 / 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