MABE Group Insurance Pool

621 Ridgely Avenue, Suite 300, Annapolis, MD 21401



NOTICE OF PROPERTY LOSS

The Notice of Property Loss form is to be completed by the Department of Maintenance or designated department.

The completed form and all supporting documentation are to be sent to:

Rhonda Meleen, Coordinator of Fiscal Services

rkmeleen@smcps.org or fax to 301-475-4228

PROPERTY LOSS INFORMATION

SCHOOL BOARD NAME: St. Mary's County Public Schools								
DATE OF LOSS:			TIME:	AM/PM: AM				
TODAY'S DATE:								
FACILITY NAME:								
FACILITY ADDRESS:								
CITY:	49							
STATE:	MD	ZIP CODE:						
LOSS DETAIL (please select the PRIMARY Loss Codes via the drop down menu's)								
LOCATION:	[1] [1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2	r Location from list	ESTIMATE OF DAMAG	E: \$				
DED!! (0 4 ! ! (age 2	*					
PERIL/CAUS		r Peril/Cause from n page 2	* POLICE/FIRE REPOR	T No.:				
LOSS TYPE		r Loss Type from	5.					
		n page 2						
DESCRIPTI	ON			3.4				
OF LOSS	i:							
(narrative in)								
words, mention								
there are multiple locations effected								
etc.)								
50 5 5 5 1 4 0								
Include type of loss (e.g. fire, vandalism), property involved (e.g. building, furniture, equipment, supplies, leased personal property), cause, location of damaged property (if moved to another site), and result if known. Attach additional pages as								
necessary. Attac	h repair or re	placement invoices or	estimates if available.	Known. Attach additional pages as				
<u> </u>								
(the following	ig must be	completed)						
BOARD CONTACT PERSON:			CLAIM REPORTED BY:					
Name:	Rhonda Meleen		Name:					
Title/Dept.:	Coordinator of Fiscal Services		Title/Dept.:					
Address:	Leonardtown, Maryland 20650		Address:					
Phone #: 301-475-5511, e		511, ext 183	Phone #:					
Fax #: 301-475-42		228	Fax #:					
Email: rkmelee		smcps.org	Email:					
-								

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CODE REFERENCE LIST

#	LOSS LOCATION	PERIL/CAUSE	PRIMARY RESULT	
	Where on the grounds of the facility, listed on the loss report, did the primary loss occur?	What was the primary cause of the loss?	What was the primary result of the loss?	
1	Activity Room	Arson	Asbestos Dispersal	
2	Administrative Offices	Burst Pipe - Freezing	Boiler Damage	
3	Auditorium	Burst Pipe - not Freezing	Ceiling Damage	
4	Bath Room	Collapse	Contents Damage	
5	Boiler Room	Contamination	Contents Lost	
6	Cafeteria	Corrosion	Contents Stolen	
7	Class Room	Discarded	Equipment Damage	
8	Computer Lab	Electrical Fire	Floor Damage	
9	Crawl Space	Equipment Failure	Food Spoilage	
10	School Grounds	Explosion	HazMat Release	
11	Exterior Wall	Fire	Mold Damage	
12	Gymnasium	Flood/Surface Water	Not Classified	
13	Hallway	Lightning Strike	Playground Damage	
14	Health Suite	Not Classified	Roof Damage	
15	Industrial Arts Shop	Power Failure	Sidewalk Damage	
16	Locker Room	Roof Leak	Smoke Damage	
17	Mechanical Room	Sewer Back Up	Structure Damage	
18	Media Center/Library	Snow Load	Total Structure Loss	
19	Music Room	Sprinkler Leak	Water Damage	
20	Non Sport Out Bldgs.	Theft – other than Electronics		
21	Not Classified	Theft - Electronics		
22	Off Premises	Vandalism		
23	Outdoor Sports Bldgs.	Vehicle Accident		
24	Parking Lot	Wind		
25	Playground			
26	Pool			
27	Portable Classroom			
28	Roof			
29	Stage			
30	Storage Room			
31	Science/Chemistry Lab			

St. Mary's County Public Schools 23160 Moakley Street Leonardtown, Maryland 20650

Report of Damages/Property Loss or Theft to School Buildings and Grounds

(Prepare 3 copies, sending the original to the Director of Fiscal Services at the Leonardtown Central Office, 1 copy to the Director of Maintenance at the Support Services Office, provide 1 copy to the Sheriff's Office, and maintain 1 copy in your school files.)

Person who supplied information to Principal:	School	Date of Report							
Nature of Loss/Damages: Include type of loss (e.g. fire, vandalism, theft), property involved (e.g. building, furniture, equipment, supplies, leased personal property), if cash indicate type of loss (field trip, fundraising, vending and the locati of cash at the time, i.e. safe, filing cabinet, desk, etc.), probable cause if known, location of damaged property (if moved another site). Use additional pages if necessary. (Please be as specific as possible, giving descriptions, serial numbers inventory asset numbers and values of the property loss and/or damage.) Estimated amount of damage/loss and/or theft: \$	Person who supplied information to Princi	ipal:							
equipment, supplies, leased personal property), if cash indicate type of loss (field trip, fundraising, vending and the locati of cash at the time, i.e. safe, filing cabinet, desk, etc.), probable cause if known, location of damaged property (if moved another site). Use additional pages if necessary. (Please be as specific as possible, giving descriptions, serial numbers inventory asset numbers and values of the property loss and/or damage.) Estimated amount of damage/loss and/or theft: \$	Person who first discovered damages/los	s/or theft:							
(provide detail, where possible) If theft involves money, indicate if: Cash and/or Checks and if money was for Field Trips SAF, or Other Evidence available regarding: Suspects, Including fingerprints: Date and time of crime: Manner of entry to building: Witnesses: Name Address Telephone No. Police/Fire Department Report Number: Report by telephone: To By	equipment, supplies, leased personal pro of cash at the time, i.e. safe, filing cabinet another site). Use additional pages if neo	perty), if cash indic , desk, etc.), proba essary. (Please b	cate type of loss (field table cause if known, lo e as specific as possib	rip, fundraising, ve cation of damaged	ending and the location property (if moved to				
If theft involves money, indicate if: Cash and/or Checks and if money was for Field Trips	Estimated amount of damage/loss and/or		rovide detail where no	ossible)					
SAF, or Other	If theft involves maney indicate if: Cash								
Suspects, Including fingerprints: Date and time of crime: Manner of entry to building: Witnesses: Name Address Telephone No. Police/Fire Department Report Number: Report by telephone: To By Date Time Director of Fiscal Services Sheriff's Office Maintenance Office Follow-up investigation:	SAF, or Other	and/or on	ecks and	II money was for Fie	eid Trips,				
Name Address Telephone No. Police/Fire Department Report Number: Report by telephone: To By Date Time Director of Fiscal Services Sheriff's Office Maintenance Office Follow-up investigation:	Suspects, Including fingerprints: Date and time of crime:								
Police/Fire Department Report Number: Report by telephone: To By Date Time Director of Fiscal Services Sheriff's Office Maintenance Office Follow-up investigation:	Witnesses:	## W 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4							
Report by telephone: To By Date Time Director of Fiscal Services Sheriff's Office Maintenance Office Follow-up investigation:	Name	Address			Telephone No.				
To By Date Time Director of Fiscal Services Sheriff's Office Maintenance Office Follow-up investigation:	Police/Fire Department Report Number: _								
Director of Fiscal Services Sheriff's Office Maintenance Office Follow-up investigation:			-						
Sheriff's Office Maintenance Office Follow-up investigation:					lime				
Follow-up investigation:	Sheriff's Office								
Date Time Findings		Dete	T:						
· · · · · · · · · · · · · · · · · · ·	ДУ	Date	<u> </u>	<u> Finaings</u>					

Instructions/Information

- 1. This initial report must be forwarded to the Director of Fiscal Services, along with the completed MABE Group Insurance Pool Notice of Property Loss form.
- 2. Budget and Finance Office will forward the necessary information to the MABE Group Insurance Pool, as required.
- 3. The MABE Insurance Pool will notify our property insurance carrier, who will assign an adjuster, if necessary. In the event of damages to property, please hold onto those items for review by the adjuster, unless otherwise informed by this office.
- 4. For after-hours reporting for loss emergencies, refer to the Maintenance and Operations Emergency Call-out list that is updated and provided periodically by the Director of Maintenance and call the contact person listed under the appropriate Building Related Call-outs.
- 5. Along with this form, or immediately thereafter, make sure you include a detailed description/list of the quantities, costs, values and amount of loss/damage/theft claimed, along with serial numbers and inventory asset numbers where applicable. This information also needs to be submitted to the Director of Fiscal Services.
- 6. To start the process of replacing damaged/lost and/or stolen property, include purchase requisitions with your report of loss for any items that need to be replaced. Note: We should replace with similar property not more costly upgrades. Omit the account number that will be entered by the central office. These should also be submitted to the Director of Fiscal Services.

PVR 7/22/09