



PROPERTY LOSS REPORT (FOR DAMAGE OR LOSS TO DISTRICT-OWNED PROPERTY)

(Ed. 12/19)

DISTRICT			
SITE		PHONE NUMBER	
SITE ADDRESS		CITY	STATE ZIP
LOSS LOCATION (BE SPECIFIC)			
DATE OF LOSS		TIME OF LOSS	ALARM EVENT? YES NO
CAUSE OF PROPERTY LOSS:			
THEFT <input type="checkbox"/>	VANDALISM <input type="checkbox"/>	FIRE <input type="checkbox"/>	GRAFFITI <input type="checkbox"/> WEATHER <input type="checkbox"/> OTHER:
DESCRIPTION OF LOSS (HOW LOSS OCCURRED):			
BUILDING (DESCRIPTION OF DAMAGE, WALLS, ROOF, WINDOWS, ETC.)		APPROX. \$\$ VALUE OF BUILDING RELATED DAMAGES:	
		\$	
CONTENTS (DESCRIPTION OF DAMAGED OR LOST ITEMS)		APPROX. \$\$ VALUE OF CONTENTS RELATED DAMAGES:	
		\$	
		TOTAL ESTIMATE OF LOSS:	
		\$	
FIRE OR POLICE CONTACTED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
NAME AND ADDRESS OF AGENCY		INVESTIGATOR	CASE NUMBER
NAME OF PERSON AT DISTRICT OR SITE TO CONTACT		PHONE NUMBER	
REPORT COMPLETED BY (NAME & TITLE):		SIGNATURE:	DATE

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(1 COPY TO EACH)

NBSIA
380A CHADBOURNE RD
FAIRFIELD, CA 94534

DISTRICT OFFICE

SITE

North Bay Schools Insurance Authority

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