

HORRY COUNTY SCHOOLS
PROPERTY CLAIM REPORTING FORM

School : _____ Person/Title Reporting Claim: _____

Date of Loss: _____ Time: _____ am / pm Type of Loss: (circle one) Fire Lightning Theft Vandalism Other: _____

Detailed Description of Occurrence (use reverse side, if necessary): _____

Police Department Responding: _____ Officer's Name: _____

Exact Location in School Where Loss Occurred: _____

Police report and/or Fire Department report must be attached to all fire, theft, vandalism and other such claims.

| Item(s) Damaged, Lost, or Stolen | HCS Asset Number | Model and Serial Numbers | Estimated Cost to Replace / Repair | Account Number |
|-------------------------------------|---------------------|-----------------------------|---------------------------------------|----------------|
| | | | | - 4800 |
| | | | | - 4800 |
| | | | | - 4800 |
| | | | | - 4800 |
| | | | | - 4800 |
| | | | | - 4800 |

I am requesting above items to be replaced repaired discarded, or no further action taken at this time.

Account Number for Deductible: _____ **Authorized/Principal Signature:** _____
(If an account number is not provided by the school, the district office will use a general fund supply account number).

Date Claim Submitted: _____

Forward to: **Russell Tyler - Office of Risk Management**
335 Four Mile Road, Conway, SC 29526
Office: 843-488-6594 email: rtyler@horrycountyschools.net

(Revised 7/2012; 9/2012, 10/2018, 9/2022)

Enter in the subject line "Insurance Claim"