

REPORT OF PROPERTY DAMAGE OF LOSS

RISK SERVICES CORP.
Attn: Risk Manager
One University Plaza, Suite 6
Hackensack, NJ 07601
(201) 487-8100 / (201) 487-1610 Fax

LOCATION OF LOSS: _____ PROPERTY ID # _____
ADDRESS: _____ CITY: _____ STATE: _____
DATE & TIME OF LOSS: _____

DETAILS OF DAMAGE OR LOSS (check appropriate boxes)

TYPE OF OCCUPANCY

- | | | | |
|-------------------------------------|--|--|--|
| <input type="checkbox"/> Office | <input type="checkbox"/> Residential | <input type="checkbox"/> Building/Structures | <input type="checkbox"/> Plate Glass |
| <input type="checkbox"/> Mercantile | <input type="checkbox"/> Hotel | <input type="checkbox"/> Boiler & Machinery | <input type="checkbox"/> Builders Risk |
| <input type="checkbox"/> Warehouse | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Business Interruption | <input type="checkbox"/> Loss in Transit |
| <input type="checkbox"/> Other | | <input type="checkbox"/> Furniture/Equipment | <input type="checkbox"/> Other |

CONSTRUCTION

- | | |
|---|--|
| <input type="checkbox"/> Frame-Wood | <input type="checkbox"/> Non Combustible |
| <input type="checkbox"/> Brick, Masonry, Wood | <input type="checkbox"/> Fire Resistive |
| <input type="checkbox"/> Joist | |

FIRE PROTECTION

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> Sprinklered | <input type="checkbox"/> Watchman |
| <input type="checkbox"/> Electronic Warning | <input type="checkbox"/> None |

CAUSE OF LOSS (check appropriate boxes)

- | | | | |
|--|--|-------------------------------------|---|
| <input type="checkbox"/> Fire Lightning | <input type="checkbox"/> Smoke | <input type="checkbox"/> Vandalism | <input type="checkbox"/> Mechanical Breakdown |
| <input type="checkbox"/> Sprinkler Leakage | <input type="checkbox"/> Civil Commotion | <input type="checkbox"/> Explosion | <input type="checkbox"/> Rupture & Explosion |
| <input type="checkbox"/> Pipe Bursting | <input type="checkbox"/> Aircraft | <input type="checkbox"/> Collapse | <input type="checkbox"/> Electrical Disturbance |
| <input type="checkbox"/> Wind | <input type="checkbox"/> Automobile | <input type="checkbox"/> Flood | <input type="checkbox"/> Theft |
| <input type="checkbox"/> Storm | <input type="checkbox"/> Hail | <input type="checkbox"/> Earthquake | <input type="checkbox"/> Employee Dishonesty |
| <input type="checkbox"/> Other | | | |

DESCRIPTION OF DAMAGE: _____

ESTIMATED COST OF REPAIRS: _____

EXPLAIN HOW DAMAGE OCCURRED: _____

STEPS TAKEN TO PREVENT RECURRENCE OF THIS LOSS: _____

PERSON MAKING REPORT (please print): _____

SIGNATURE OF PERSON MAKING REPORT: _____ PHONE: _____

ADDRESS OF CONTACT PERSON: _____

When completed send this report to the address above, attention of Risk Manager.

INCIDENT REPORT

RISK SERVICES CORP.
Attn: Risk Manager
One University Plaza, Suite 6
Hackensack, NJ 07601
(201) 487-8100 / (201) 487-1610 Fax

WHEN DATE: _____ 20__ DAY: _____ TIME: _____

WHERE

ADDRESS OF BLDG _____

SPECIFIC AREA OF INCIDENT _____

NAME OF PROPERTY MANAGER _____ PHONE NO _____

FULL NAME _____ SEX _____ AGE _____ D O B _____

INJURY

FULL ADDRESS _____

EMPLOYER _____ ADDRESS _____

HOME PHONE _____ BUSINESS PHONE _____

OCCUPATION OR POSITION _____

ACTIONS PRIOR TO INCIDENT _____

NAME _____ ADDRESS _____ PHONE NO. _____

WITNESS

RECONSTRUCT DETAILS OF OCCURRENCE. USE BLANK SHEET IF MORE SPACE IS REQUIRED.

INCIDENT:

INCIDENT INVESTIGATED, YES NO REMARKS: _____

POLICE, FIRE, AMBULANCE OR OTHER

EMERGENCY UNITS

POLICE NAME _____ SHIELD # _____ PCT. _____

CASE NUMBER

FIRE UNIT(S) _____ OFFICER IN CHARGE _____

AMBULANCE NAME OF AMBULANCE _____ HOSPITAL _____

ADMISSION NO.

DOCTOR

OTHER

FORWARD TO RISK MANAGEMENT DEPARTMENT