

North Carolina Department of Insurance
State Property Fire Insurance Fund
LOSS REPORTING FORM

DEPARTMENT OR UNIVERSITY _____

DIVISION _____

DATE OF LOSS _____ **DATE REPORTED** _____

BUILDING NAME _____

STREET ADDRESS _____ **CITY** _____

DEPARTMENT/DIVISION # _____ **COMPLEX #** _____ **ASSET #** _____

ESTIMATED DAMAGE \$ _____ **CAUSE OF LOSS** _____
(fire, wind, theft, etc.)

DESCRIPTION OF LOSS _____
(what was damaged or lost, cause, surge protection in-place, corrective action, attached reports, photographs, etc.)

CONTACT PERSON _____ **TELEPHONE #** _____

REPORTED BY _____ **TELEPHONE #** _____

GIVE PROMPT NOTIFICATION OF THE LOSS OR DAMAGE. FAILURE TO NOTIFY THE FUND WITHIN 30 DAYS OF LOSS OCCURRENCE MAY VOID YOUR COVERAGE. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT JOE FIORELLI AT (704) 687-5711; FAX (704) 687-0901; EMAIL jfiorel3@uncc.edu.