NORTH BAY SCHOOLS INSURANCE AUTHORITY
380 CHADBOURNE ROAD, SUITE A, FAIRFIELD, CA 94534

PROPERTY LOSS REPORT

FOR DAMAGE OR LOSS TO YOUR OWN PROPERTY	LOCATION CODE

DISTRICT			
SCHOOL/SITE		PHONE NUMBER	
ADDRESS	CITY	STATE	ZIP
LOSS LOCATION (BE SPECIFIC)			
DATE OF LOSS	TIME OF LOSS	ESTIMATE OF LOSS $	
DESCRIPTION OF LOSS (HOW LOSS OCCURRED)			
BUILDING (DESCRIPTION OF DAMAGE, I.E., WALLS, ROOF, WINDOWS, ETC.)		ESTIMATED VALUE OF LOSS $	
CONTENTS (DESCRIPTION OF DAMAGED OR LOST ITEMS – ATTACH LIST)		ESTIMATED VALUE OF LOSS $	
FIRE OF POLICE CONTACTED? YES ☐ NO ☐			
NAME AND ADDRESS OF AGENCY		INVESTIGATOR	CASE NUMBER
NAME OF PERSON AT DISTRICT OR LOCATION TO CONTACT		PHONE NUMBER	
REPORTED BY: Name _____ Signature and Title _____			DATE

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