

FOR YOUR PROTECTION SOME STATE LAWS REQUIRE THAT THE FOLLOWING STATEMENT APPEAR ON THIS FORM: "It is unlawful to: (a) Present or cause to be presented any false or fraudulent claim for the payment of a loss under a contract of insurance and/or (b) Prepare, make, or subscribe any writing with intent to present or use the same, or to allow it to be presented or used in support of any such claim. Every person who violates any provision of this section is punishable by imprisonment in the State Prison not exceeding three years, or by fine not exceeding one thousand dollars, or by both."

	Conference			Name of Entity			
POLICY	Address of Damaged Property						
	Contact Person (please print)				Telephone		
	DESCRIPTION OF WHEN AND HOW LOSS OCCURRED Give detailsbe specific (attach additional sheet if necessary						
	MONTH	DAY	YEAR				
LOSS							
	DESCRIPTION OF PROPERTY DAMAGED OR STOLEN				Support with written vendor estimates		
		MAKE, MODEL, SERIAL N	Ю.		APPROX. AGE	REPLACEMENT COST	
Attached Additional Sheet							
If Necessary							
ESTIMATE OF LOSS	Building \$	\$ Sto	olen Goods \$	I	Total Estimate	es \$	
	Contents \$ Stolen Money \$				Less Deductible \$		
	Temp. Repairs \$	\$ Gla	ass \$		Net Estimate	\$	
ALL CRIME LOSSES MUST BE REPORTED TO POLICE	Date Reported to Police	e:	Police Report N	o.:	Phone:		
	Investigating Organization:						
	Address:						
DATE	SIGNATURE Of Authorized Entity Representative				TITLE/CAPACITY		
DATE	SIGNATURE Of Authorized Insured Representative				TITLE/CAPACITY		

DENOMINATIONAL PROPERTIES

If reporting a catastrophic loss, (hurricane, fire, floods, earthquake, volcano, etc.) PLEASE report immediately to the ARM CLAIMS DEPARTMENT by phone (301) 680-6870; or fax (301) 680-6878 or E-mail: claims@adventistrisk.org for further instructions before completing the following steps

CLAIMS INFORMATION

	immediately. The following documentation is e claim process as soon as it is available.				
Building: (ITEMIZED REPLACEMENT COST)	• Itemized written estimates or invoices for material and labor by a contractor.				
	• If labor is done by members, number of man-hours times the amount that would be paid per hour.				
Contents: (Replacement cost)	• Must have written replacement estimates or bills for items of like kind and quality, or repair estimates if items are repairable.				
Money and Securities:	• Furnish accounting records to substantiate loss. If unavailable, give explanation of how amount was determined.				
Inland Marine(Scheduled Declared Value)	• Give name of entity under which the item is scheduled and the serial number as listed on your statement of values.				
Burglary and Theft:	• Police report. If you cannot get report, give name of Police Station reported to and the report number.				
Storm and Fire Losses:	• Pictures and newspaper clippings.				
	• Fire Marshall's Report of Fire				

CHECKLIST

- Date of loss •
- Exact location and complete street address •
- Exactly what is being claimed (material, labor, cash, contents, etc.) ٠
- Signature of authorized representative of entity •