**Risk Management Services Property Program**

**Notice of Loss Form**

IMPORTANT: INSURABLE PROPERTY LOSSES MUST BE REPORTED ON THIS FORM
 WITHIN 48 HOURS OF DISCOVERY OF THE LOSS BY THE INSURED AGENCY.

**PLEASE PROVIDE THE FOLLOWING INFORMATION BY MAIL, FAX 404-657-1188 OR
EMAIL:** **riskmanagement@doas.ga.gov** **:**

**TYPE OF LOSS:** [ ]  **Building/Contents**  [ ]  **All Risk Certificate**  [ ]  **Crime/Employee Theft**

[ ]  **Aviation** [ ]  **Watercraft/Vessel**

**Date of loss:**      **Time of loss**     **AM**[ ] **/PM**[ ]  **Loss Location:**

**Loss Location BLIPP ID#:**       **(for Building/Contents loss only)**

**Your Agency:**       **Department:**

**Agency Ref. #:**       **Agency Contact & Phone Number:**

**Cause of Loss (Insured Peril):**

**Type of Damages:**

**Loss Description (REQUIRED):**

**IF MORE SPACE IS NEEDED ATTACH A 2ND PAGE)**

**LOSS CONTROL MEASURES TAKEN TO REDUCE/PREVENT FUTURE LOSSES:**

# ESTIMATED LOSS AMOUNT:

**An acknowledgement letter will be sent to the agency risk coordinator with the assigned DOAS claim number that must be included on the Sworn Proof of Loss form and any other claim related correspondence.**

## The DOAS retains the right to assign an outside adjuster to investigate the loss on its behalf. The Sworn Proof of Loss Form with DOAS claim number, copies of original invoices for property, bills for material and labor and evidence of payment (check or approved purchase order) for replaced or repaired items must be provided to finalize a claim within 120 days. The required documents substantiate reimbursement of damages for a claim. The DOAS will process the claim and send a reimbursement check for all perils covered under the policy.

# AGENCY RISK COORDINATOR DATE

**PHONE NUMBER FAX NUMBER**