



DEPARTMENT OF FINANCIAL SERVICES
Division of Risk Management

State Risk Management Trust Fund
 Notice of Property Loss

Agency's Name:				Certificate No:	
Bureau, District or Institution Name:					
Location/Address of Loss:				County:	Select County...
Your Building No:		Date of Loss:	(MM/DD/YYYY)	Time of Loss:	: AM
Building Name:					

NOTE: A SEPARATE FORM IS REQUIRED FOR EACH BUILDING.

Type of Loss:	Select Type of Loss...
Building - Estimate of Damages:	\$
Contents - Estimate of Damages:	\$

Detailed Description of Loss

Is any part of this loss covered by any other insurance? Yes No
 If loss was fire related or caused damage to a fire alarm system, was the State Fire Marshall's office notified? Yes No N/A
 Was loss previously reported to DFS Risk Management by telephone? Yes No

If Yes, Enter:

Caller's Name:		Date of Call:	(MM/DD/YYYY)	Phone:	
DFS Contact:				Suncom:	

Property Coordinator:

Name:		Title:	
Phone Number:		Date:	

Electronic Signature:

* By placing your initials here, you are thereby signing this document with your signature.

Instructions:

Attachments in an email address will be permitted following successful submission of the form; a link will be provided. This Notice of Property Loss form will be used to report all claims within 90 days from the date of loss. Report all claims with severe damage to the property fund immediately.

If you wish not to file this form electronically, complete this **Notice of Property Loss** in its entirety and mail to:

DEPARTMENT OF FINANCIAL SERVICES/RISK MANAGEMENT
 BUREAU OF PROPERTY, FINANCIAL & RISK SERVICES
 PROPERTY SECTION
 200 EAST GAINES STREET
 TALLAHASSEE, FL 32399-0337

CLAIM NUMBER			TRUST FUND USE ONLY		
COVERAGE CODE:		CAUSE:		LOCATION:	
STRUCTURE CODE:		CARRIER CODE:			
CERTIFICATE OF COVERAGE AMOUNT					
BUILDING:	\$	CONTENTS:	\$	EXP:	
BY:			RCVD/NOTIFIED DT:		

electronic version (DFS-DO-854)

(Revised 11/2005)