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 No.: ___________________ 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.)

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CONTRAC 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 SPFIF AT (919) 661-5880; FAX (919) 662-4416.