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:	
DESCRIPTION OF LOSS:	protection in-place, corrective action, attached reports,	photographs, etc.)
CONTACT 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.