

**NORTH BAY SCHOOLS INSURANCE AUTHORITY**  
 380 CHADBOURNE ROAD, SUITE A, FAIRFIELD, CA 94534

**PROPERTY LOSS REPORT**

FOR DAMAGE OR LOSS TO **DISTRICT OWNED** PROPERTY

<b>DISTRICT</b>			
<b>SITE</b>			<b>PHONE NUMBER</b>
<b>SITE ADDRESS</b>		<b>CITY</b>	<b>STATE</b> <b>ZIP</b>
<b>LOSS LOCATION (BE SPECIFIC)</b>			
<b>DATE OF LOSS</b>		<b>TIME OF LOSS</b>	<b>ALARM EVENT?</b> YES                  NO
CAUSE OF PROPERTY LOSS:			
THEFT <input type="checkbox"/>	VANDALISM <input type="checkbox"/>	FIRE <input type="checkbox"/>	GRAFFITI <input type="checkbox"/>
WEATHER <input type="checkbox"/>		OTHER:	
<b>DESCRIPTION OF LOSS (HOW LOSS OCCURRED):</b>			
<b>BUILDING (DESCRIPTION OF DAMAGE, WALLS, ROOF, WINDOWS, ETC.)</b>			<b>APPROX. \$\$ VALUE OF BUILDING RELATED DAMAGES:</b>
			\$
<b>CONTENTS (DESCRIPTION OF DAMAGED OR LOST ITEMS)</b>			<b>APPROX. \$\$ VALUE OF CONTENTS RELATED DAMAGES:</b>
			\$
			<b>TOTAL ESTIMATE OF LOSS:</b>
			\$
FIRE OR POLICE CONTACTED?                  YES <input type="checkbox"/> NO <input type="checkbox"/>			
NAME AND ADDRESS OF AGENCY		INVESTIGATOR	CASE NUMBER
NAME OF PERSON AT DISTRICT OR SITE TO CONTACT		PHONE NUMBER	
REPORT COMPLETED BY (NAME & TITLE):		SIGNATURE:	DATE

**PLEASE RETURN ORIGINAL FORM TO ALEXANDRA MORRIS/SCOE MAIN OFFICE**