

CLAIM REPORTING

NOTICE OF LOSS – EQUIPMENT BREAKDOWN

LOSS SUBMITTED BY	
CARRIER Colorado Special Districts Property and Liability Pool	
CURRENT DATE	
ADJUSTER/EXAMINER: Nella Rosales	CLAIM NUMBER
TELEPHONE NUMBER	CELLULAR NUMBER 720-724-1257
ADJUSTER FAX #:	
MAILING ADDRESS	
DATE LOSS REPORTED TO CARRIER	
CENTRAL EMAIL ADDRESS cxcsd@sedgwick.com	ADJUSTER /EXAMINER EMAIL ADDRESS nella.rosales@sedgwick.com
INDEPENDENT ADJUSTER/TPA	TELEPHONE NUMBER
EMAIL ADDRESS	

LOSS INFORMATION	
INSURED	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant
DATE OF LOSS	
MAILING ADDRESS:	EMAIL ADDRESS
LOCATION OF LOSS	
INSURED CONTACT NAME	INSURED TELEPHONE NUMBER
CELLULAR NUMBER	
DAMAGE ESTIMATE	EQUIPMENT DAMAGED
DESCRIPTION OF LOSS	