



CLAIM REPORTING

**NOTICE OF LOSS – EQUIPMENT BREAKDOWN**

|   |  |                               |
|---|--|-------------------------------|
| <b>LOSS SUBMITTED BY</b>  |  |                               |
| CARRIER<br><b>Colorado Special Districts Property and Liability Pool</b>              |  | CURRENT DATE                  |
| ADJUSTER/EXAMINER:<br><b>Nella Rosales</b>  |  | CLAIM NUMBER                  |
| TELEPHONE NUMBER  | CELLULAR NUMBER<br><b>720-724-1257</b>   | ADJUSTER FAX #:               |
| MAILING ADDRESS   |  | DATE LOSS REPORTED TO CARRIER |
| CENTRAL EMAIL ADDRESS<br><a href="mailto:Claims@cspdpool.org">Claims@cspdpool.org</a> | ADJUSTER /EXAMINER EMAIL ADDRESS<br><a href="mailto:nella.rosales@sedgwick.com">nella.rosales@sedgwick.com</a> |                               |
| INDEPENDENT ADJUSTER/TPA  | TELEPHONE NUMBER   | EMAIL ADDRESS                 |

|                         |  |                 |
|-------------------------|--|-----------------|
| <b>LOSS INFORMATION</b> |  |                 |
| 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     |  |                 |