



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 (303) 713-6133	MOBILE NUMBER (303) 818-8475	ADJUSTER FAX#: (833) 784-2348
MAILING ADDRESS P.O. Box 14493 Lexington, KY 40512		DATE LOSS REPORTED TO CARRIER
CENTRAL EMAIL ADDRESS claims@csdpool.org	ADJUSTER /EXAMINER EMAILADDRESS 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	MOBILE NUMBER
DAMAGE ESTIMATE	EQUIPMENT DAMAGED	
DESCRIPTION OF LOSS		