



CLAIM REPORTING

NOTICE OF LOSS – EQUIPMENT BREAKDOWN

<b>LOSS SUBMITTED BY</b>		
CARRIER <b>Colorado Special Districts Property and Liability Pool</b>		CURRENT DATE
ADJUSTER/EXAMINER: <b>Nella Rosales</b>		CLAIM NUMBER
TELEPHONE NUMBER <b>(303) 713-6133</b>	MOBILE NUMBER <b>(303) 818-8475</b>	ADJUSTER FAX #: <b>(833) 784-2348</b>
MAILING ADDRESS <b>P.O. Box 14493 Lexington, KY 40512</b>		DATE LOSS REPORTED TO CARRIER
CENTRAL EMAIL ADDRESS <b>claims@csdpool.org</b>		ADJUSTER/EXAMINER EMAIL ADDRESS <b>nella.rosales@sedgwick.com</b>
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	MOBILE NUMBER
DAMAGE ESTIMATE	EQUIPMENT DAMAGED	
DESCRIPTION OF LOSS		