

**Finance & Administration Cabinet**  
**Division of State Risk & Insurance Services**  
**Property Claims Section**

TO: Commonwealth of Kentucky State Agencies, State Universities & KCTCS

FROM: Evelyn Smith, Claims Program Manager (502-782-5433)  
Audra Perkins, Procedures Development Specialist I (502-782-0369)

DATE: July 1, 2019

RE: July 1, 2019 – July 1, 2020  
Fire and Tornado Self-insurance Property Claims Packet

The Claims Section at Division of State Risk & Insurance Services is dedicated to provide the best possible claims service when property damages occur due to a “covered cause of loss”.

In compliance with KRS 56.110, State Agencies and State Universities having control or custody of damaged property, shall report a claim within 30 days from the date of loss.

- This is very important for proper assessment of damages, to confirm coverage and develop the scope of cleanup, repairs, replacement, etc. in a timely manner, as well as implement a plan to avoid more damages.

Upon receipt of the Notice of Loss form SRC-10 with details, I will determine if the claim requires further assessment of damages by a licensed property Claims Adjuster, at no additional cost to you. There is only one \$5,000 deductible per occurrence for property damages covered under your certificate.

This Property Claims Packet includes the following information:

- Instructions for reporting property claims
- Notice of Loss – form SRC-10
- Lightning Loss Verification – form SRC-11
- Insured’s Property Claim Contact

Forms as well as the Fire & Tornado Self-insurance Policy are on our website:

<http://finance.ky.gov/offices/controller/Pages/dsrisk.aspx>

Please contact me if you have any questions about damages that occur.

**Fire & Tornado Self-insurance Fund  
Property Claim Reporting Instructions  
July 1, 2019 to July 1, 2020**

When damages occur to your property:

1. Determine the cause of loss to verify that it is NOT a warranty issue.
2. See the definition for “Specified Covered Causes of Loss” in the policy to verify coverage; and contact Evelyn Smith with any questions.
3. In “one occurrence”, only one \$5,000 deductible will apply per Certificate.
4. Report claim damages immediately by completing the Notice of Loss form SRC-10 that is on our website. If you do not have “Chrome browser”, google that to get access at no cost and you can complete the form on line.
  - a. Identify the Certificate number and Property ID number(s) of damaged property and complete sections 1 & 2 of form SRC-10
    - i. If damaged item(s) were required to be scheduled with State Risk/Underwriting Unit, submit documentation confirming scheduling prior to the claim.
  - b. Complete Section 3 of form SRC-10:
    - i. Give an estimated amount of damages;
    - ii. Loss Location is to confirm where the damages occurred
    - iii. Explain the “cause of loss”, giving detailed information including photos.
      1. For theft claims, submit a copy of the police report.
      2. For lightning claims, submit the Lightning Affidavit form SRC-11 (completed by the person/vendor who determined this cause)
    - iv. The “Agency Claim Contact” is the person we will communicate with, until the repairs/replacements are complete.
    - v. When necessary, I will assign our contract Claims Adjuster to assess damages.
5. Upon receipt, we will assign a claim number and notify you to reference that claim number in all communication regarding the claim, until closure.
6. We acknowledge your required protocol for “bidding” certain building repair projects or if you have made an “emergency request” for approval within your Cabinet. Inform us when either of these relate to a pending claim.
7. Final settlement of payment to our Insureds requires copies of all invoices and/or receipts.

**COMMONWEALTH OF KENTUCKY - DIVISION OF STATE RISK & INSURANCE SERVICES**

**FIRE & TORNADO FUND ~ SELF-INSURED NOTICE OF LOSS**

**Instructions:**

**For all CLAIMS, complete sections 1, 2 & 3**

**Email Form to State Risk & Insurance Services Division**

Certificate # \_\_\_\_\_

Property ID # \_\_\_\_\_

Property ID # \_\_\_\_\_

Property ID # \_\_\_\_\_

Property ID # \_\_\_\_\_

**1** CABINET \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

INSURED ADDRESS \_\_\_\_\_ DIVISION (name) \_\_\_\_\_

REPORTED BY \_\_\_\_\_ DATE \_\_\_\_\_ PHONE # \_\_\_\_\_  
(mm/dd/yyyy)

**2** INSURED PROPERTY LOSS TYPE  Fire & Tornado  Boiler & Equipment Breakdown

**3** LOSS DATE (mm/dd/yyyy) \_\_\_\_\_ TIME \_\_\_\_\_ ESTIMATED AMOUNT OF LOSS \$ \_\_\_\_\_

LOSS LOCATION \_\_\_\_\_

CAUSE OF LOSS \_\_\_\_\_

PROPERTY DAMAGE \_\_\_\_\_

INVESTIGATOR \_\_\_\_\_ REPORT # \_\_\_\_\_  
(Police, Fire, etc.)

**ADDITIONAL NOTES:**

\_\_\_\_\_

**AGENCY CLAIM CONTACT** \_\_\_\_\_ **DATE** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

**MAIL TO:** Division of State Risk & Insurance Services  
ATTN: Claims  
500 West St., 1st Floor  
Frankfort, Ky. 40601

**eMAIL TO:** [Audra Perkins](#) (502) 782-0369  
[Evelyn Smith](#) (502) 782-5433

## COMMONWEALTH OF KENTUCKY - DIVISION OF STATE RISK &amp; INSURANCE SERVICES

**Lightning Loss Verification**

Date (mm/dd/yyyy)

***To Whom it may concern:***I inspected / repaired  
(Item damaged)

Model #	Serial #	Year Model
Date of Purchase	Purchase Price	Size

***Place purchased***Owned By  
(name of insured)

Address

Date of Loss	Time of Loss
(mm/dd/yyyy)	

Are damaged item(s) available for inspection?	If yes, where?
---	----------------

If not, why not?

This damage was solely due to lightning and no other cause because:

Repairer's Name

Firm Name

Firm Address

Phone #

***NOTE: Any person who knowingly and with intent to defraud any insurance company or other person who files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime.***

**Fire & Tornado Self-Insurance Fund**  
**Insured's Property Claim Contact Person**  
**July 1, 2019 – July 1, 2020**

An employee must be designated as a “Claim Contact Person” for each State Agency, including State Universities and KCTCS. Complete the following information. Supply a copy to each of your insured locations to ensure all employees are aware of who to contact in the event of property damage claims.

State Agency/University Name: \_\_\_\_\_

Insurance Certificate #: \_\_\_\_\_

Certificate Name: \_\_\_\_\_

Cabinet: \_\_\_\_\_

Department: \_\_\_\_\_ Division: \_\_\_\_\_

Claims Contact Person: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Phone: (\_\_\_\_)-\_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_, KY

Date Completed: \_\_\_\_\_ Completed by: \_\_\_\_\_

As one of our insureds, you have specific responsibilities explained in the “Duties in the Event of Loss or Damage” paragraph in the Fire & Tornado Fund policy. Please read and follow all these requirements.

As changes occur within your organization, please make sure this information is up to date; and send this completed form to:

Division of State Risk & Insurance Services/Claims Section  
500 Mero St., 1st Floor, Frankfort KY 40601

Or

Email to: [Audra Perkins](mailto:Audra.Perkins@ky.gov)