COMMONWEALTH OF KENTUCKY - DIVISION OF STATE RISK & INSURANCE SERVICES				
FIRE & TORNADO FUND ~ SELF-INSURED NOTICE OF LOSS				
Instructions: For all CIAIMS, complete sections 1, 2 & 3		Certificate	e#	_
Email Form to State Risk & Insurance Services Division		sion		
		Property II)#	
1 CABINET _	1 CABINET			
INSURED ADDRESS			DIVISION (name)	
REPORTED BY		DATE _	(mm/dd/yyyy)	PHONE #
2 INSURED PROP	ERTY LOSS TYPE	Fire & Tornado	Boiler & Equipmen	nt Breakdown
3 LOSS DATE (m.	m/dd/yyyy) TIME	ESTIMAT	TED AMOUNT OF LOS	S \$
LOSS LOCATION				
CAUSE OF LOSS				
DDO DEDTV DAMACE				
PROPERTY DAMAGE				
INVESTIGATOR (Police, Fire, etc.)			REPORT #	
ADDITIONAL NOTES:				
AGENCY CIAIM CONTACT		DA	TE	PHONE #
MAIL TO: Division of State Risk & Insurance Services ATTN: Claims				EMAIL TO:
500Mero St., 1st Floor Frankfort, Ky. 40601			FT.Pro	opertyClaims@ky.gov