

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