

COMMONWEALTH OF KENTUCKY - DIVISION OF STATE RISK & INSURANCE SERVICES**COMMONWEALTH'S PROPERTY & CASUALTY INSURANCE FUND ~ SELF-INSURED NOTICE OF LOSS****Instructions:****For all CLAIMS, complete sections 1, 2 & 3**

Certificate # _____

Property ID # _____

Email Form to State Risk & Insurance Services Division

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 Meri St., 1st Floor
Frankfort, Ky. 40601**EMAIL TO:**
FT.PropertyClaims@ky.gov