

# BEHAVIORAL HEALTH INSURANCE POOL, INC.

333 E OSBORN ROAD, SUITE 300  
PHOENIX, AZ 85012

## PROPERTY LOSS REPORT FORM

<b>SERVICE AREA AGENCY</b>	Service Area Agency:			
	Contact Name:		Contact Phone:	
<b>FACTS</b>	Reported by Person Name:		Business Phone:	
	Date of Accident:	Time of Accident: <input type="checkbox"/> AM <input type="checkbox"/> PM	Did accident happen on SAA premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Location of Accident:		City:	State:
<b>SELECT APPROPRIATE KIND OF LOSS</b>	<b>FIRE</b>	<input type="checkbox"/> Explosion <input type="checkbox"/> Smoke <input type="checkbox"/> Fire <input type="checkbox"/> Material Spills <input type="checkbox"/> Heat <input type="checkbox"/> Steam Explosion <input type="checkbox"/> Other: _____		
	<b>MECHANICAL/ ELECTRICAL</b>	<input type="checkbox"/> Computer Malfunction <input type="checkbox"/> Electrical or Power Failure <input type="checkbox"/> Rupture/Bursting/Racking <input type="checkbox"/> Other: _____		
	<b>NATURAL CAUSES</b>	<input type="checkbox"/> Earthquake <input type="checkbox"/> Flood <input type="checkbox"/> Freezing <input type="checkbox"/> Hail <input type="checkbox"/> Lightning <input type="checkbox"/> Mudslide <input type="checkbox"/> Rain <input type="checkbox"/> Wind <input type="checkbox"/> Weight of ice/snow <input type="checkbox"/> Other: _____		
	<b>CRIMINAL ACT</b>	<input type="checkbox"/> Burglary <input type="checkbox"/> Employee Theft <input type="checkbox"/> Robbery <input type="checkbox"/> Theft <input type="checkbox"/> Vandalism <input type="checkbox"/> Mysterious Disappearance <input type="checkbox"/> Other: _____		
		Name of Suspect:		Arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Height:	Weight:	Were Authorities Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Authority Name:		Report #:
<b>ANY OTHER</b>	Indicate type of loss:			
<b>ACCIDENT DESCRIPTION</b>	Describe the Accident:			
<b>SERVICE AREA AGENCY PROPERTY</b>	Describe the Property Damaged (attach inventory sheet if necessary):			
	Describe the Damage:			
			Estimated Amount of Damage: \$	
<b>WITNESS</b>	Witness Name:		Home Phone:	Work Phone:
	Street Address:		City:	State:   Zip Code: