

REPORT OF PROPERTY DAMAGE

* = Required Field

MEMBER NAME _____

* PARISH/SCHOOL _____

* ADDRESS _____

* CITY _____ * ZIP _____

* PHONE NUMBER _____ PARISH EMAIL _____

* PERSON REPORTING _____

DATE FORM COMPLETED (MM/DD/YYYY) _____

* DATE OF INCIDENT (MM/DD/YYYY) _____

LOCATION OF DAMAGE _____

WERE PHOTOGRAPHS TAKEN? _____

(Please take photos for damage in excess of \$5,000)

DESCRIBE INCIDENT

GIVE POLICE REPORT NUMBER _____

(If vandalism or theft, police must be notified.)

DESCRIBE BUILDING AND/OR CONTENTS DAMAGE

SPECIAL INSTRUCTIONS

- ***MEMBERS SHOULD PROCEED WITH ANY EMERGENCY REPAIRS NEEDED TO PREVENT FURTHER DAMAGE.***
- ***TWO ESTIMATES ARE REQUIRED FOR ALL NON-EMERGENCY REPAIRS, UNLESS PRIOR APPROVAL IS OBTAINED FROM CATHOLIC MUTUAL.***
- ***PLEASE SUBMIT COMPLETED FORM TO CATHOLIC MUTUAL:***

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(909) 883-9311 Facsimile
sbsserviceoffice@catholicmutual.org*