

Louisiana State Property 1st Party Losses

Buildings, Contents, Equipment Breakdown, Employee Bond and Crime Losses

Agency Name: _____ ORM Agency Location Code: _____

Agency Contact: _____
Name, Phone, Fax, and Email

Date of Loss: _____ Time of Loss: _____ Date reported to ORM: _____

State ID/Slab Building # (Facility Management#): S _____ or L _____

Site Code #: _____

Location of Loss: _____
Street, City, Zip Code, Parish

Type of Loss: Fire Theft Lightning Hail Flood Wind Other

Explain Other: _____

Does this loss involve a hurricane? Yes No

If yes name of hurricane: _____

Estimated amount of loss to exceed \$1,000.00? Yes No

Description of Loss & Damage:

Enclose all supporting documents of your loss, including any information on a 3rd party. Also, include asset management/LPAA print out sheet.

Contents/movable property list age or date of purchase: _____

Reported By: _____ Phone: _____