## **REPORT OF PROPERTY DAMAGE**

\* = Required Field

MEMBER NAME		
*PARISH/SCHOOL		
* ADDRESS		
*CITY		
* 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 CONTEN	NTS 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.
- SEND COMPLETED FORM TO REPORTACLAIM@CATHOLICMUTUAL.ORG OR FAX TO 402-551-2943.