DIOCESE of COLUMBUS

OFFICE of INSURANCE

FILING AN INSURANCE CLAIM FOR PROPERTY OR LIABILITY

for insurance liabilities purposes only

PARISH/SCHOOL _____

ADDRESS AND LOCATION OF PROPERTY DAMAGE:

Address _____

City _____ Zip _____

PERSON REPORTING _____

Phone number _____

Parish email _____

DATE FORM COMPLETED _____ (MM) /_____ (DD) /_____ (YYYY)

DATE OF OCCURRENCE _____ (MM) /_____ (DD) /_____ (YYYY)

Were photographs taken of the damage? ☐ YES ☐ NO

Is there any video evidence of the damage? ☐ YES ☐ NO

*Please email photos to **rfrissora@columbuscatholic.org** and to **reportaclaim@catholicmutual.org***

Do you have any witness statements? ☐ YES ☐ NO

DESCRIBE THE DAMAGE

Did a theft take place? ☐ YES ☐ NO

Were the police involved? ☐ YES ☐ NO

If vandalism or theft occurred, police must be notified

Do you have a police report? ☐ YES ☐ NO

Police report number _____

Officer name(s) _____

Please add details

Use email to report losses to **reportaclaim@catholicmutual.org**

Make sure to include the full name and address of your location where the loss occurred