

INSURANCE LOSS NOTICE
State of West Virginia-BRIM

Instructions: For **all** losses, complete sections 1, 2 & 3
For **Auto** losses -- **also** section 4
For Insured **Property** losses -- **also** section 5

(1) INSURED INFO: Name Mason County Board of Education BRIM Cert.# (required) L0227
Insured Address: 1 Education Lane; Point Pleasant WV 25550-1152
Insured Contact: Mandi J. Pierce Phone Number (day): 304-675-4540 ext. 49118
Person with Detailed Knowledge on Loss: _____
How Do We Reach That Person? _____

(2) LOSS INFO: Date of Loss: _____ Time of Day: _____
Location: (Street address) _____
Description: _____
Investigated By: (Police, Fire, etc.) _____
Witnesses: NAME ADDRESS PHONE
1 _____
2 _____

(3) CLAIMANT INFO: *use additional sheet(s) as necessary*
Name _____ Home /Cell Phone #: _____
Address: _____ Work Phone #: _____
Date of Birth: _____ Social Security #: _____ Sex: _____
Description of Injury or Damage: _____

(4) AUTO INFO: *use additional sheet(s) as necessary*

<u>Insured Vehicle</u>			<u>Claimant Vehicle</u>		
Year _____	Make _____	Model _____	Year _____	Make _____	Model _____
VIN _____			VIN _____		
Driver _____			Driver : _____		
Address _____			Address: _____		
Phone: _____	License # _____		Phone: _____	License # _____	
Passengers _____			Passengers _____		
Estimate Amount \$ _____			Estimate Amount \$ _____		

(5) PROPERTY LOSS INFO: **Loss Type:** ()Fire ()Windstorm ()Burglary & Theft ()Fidelity
()Boiler & Machinery ()Vehicle ()Aircraft ()Other _____

SUBMITTED BY: _____ **DATE:** _____

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