

REPORT OF OCCURRENCE INVOLVING STATE BUILDING OR PROPERTY

STATE INSURANCE TRUST FUND

(Please type or legibly print all information)

State Agency _____ Date of Occurrence _____

AGENCY ACCOUNTING CODE -- -- --

Name of Agency Insurance Coordinator or Designee Telephone

Address

Location of Occurrence (Building and Address) _____

Area of Building In Which Occurrence Took Place _____

Detailed Description Of Occurrence Including Cause _____

Estimate of Building Loss \$ _____

Estimate of Contents Loss \$ _____

Police or Fire Department To Which Reported _____

Police or Fire Department Report Number _____

Signature of Agency Insurance Coordinator or Designee Date

NOTE: Attach Additional Information To This Report If Necessary

Send Original Report To: Insurance Division
State Treasurer of Maryland
Louis L. Goldstein Treasury Building
80 Calvert Street, Room 400
Annapolis, MD 21401
800-942-0162
FAX 410-974-2865