



**NEW MEXICO SELF-INSURERS' FUND
PROPERTY LOSS NOTICE**

Please print clearly and email to: liabilityclaims@nmsif.org
Attach any invoices related to this claim.

MUNICIPALITY: _____ POLICY#: _____

DATE OF LOSS: ____ / ____ / ____ TIME OF LOSS: AM PM NMSIF PROP ID #: _____

BUILDING ADDRESS: _____

TYPE OF LOSS: FIRE THEFT LIGHTNING HAIL
 FLOOD WIND OTHER

DESCRIPTION OF DAMAGE TO PROPERTY: _____

EST. BUILDING DAMAGE: \$ _____ EST. CONTENTS DAMAGE: \$ _____

STEPS TAKEN TO PREVENT FURTHER DAMAGE? _____

DESCRIBE ANY OTHER INFORMATION WHICH YOU FEEL IS PERTINENT TO THIS CLAIM:

PERSONS HAVING KNOWLEDGE OF THE CIRCUMSTANCES SURROUNDING THIS CLAIM:

NAME: _____ PHONE: (____) _____ - _____

NAME: _____ PHONE: (____) _____ - _____

CONTACT PERSON: _____ PHONE: (____) _____ - _____

ADDRESS: _____

EMAIL: _____

PERSON SUBMITTING: _____ TITLE: _____

TELEPHONE NUMBER: (____) _____ - _____ DATE: ____ / ____ / ____