

Diocesan Self-Insurance Claim Form

ROMAN CATHOLIC BISHOP OF NELSON

Report on losses of less than \$1,000
Claim for losses greater than \$1,000 and less than \$5,000
Claim for losses greater than \$5,000 and less than \$100,000
Claim for losses greater than \$100,000

Name of Parish/School/Other: _____
Pastor/Principal/Director: _____
Location (Civic Address): _____
Phone: _____ Email: _____

Details of Loss

Date of Loss: _____ Time: _____ a.m. p.m.

Nature of Loss

- | | | | |
|---------------------------------------|-------------------------------------|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Fire | <input type="checkbox"/> Freezing | <input type="checkbox"/> Explosion | <input type="checkbox"/> Collapse |
| <input type="checkbox"/> Hail | <input type="checkbox"/> Lightening | <input type="checkbox"/> Sewer Backup | <input type="checkbox"/> Theft |
| <input type="checkbox"/> Water Escape | <input type="checkbox"/> Flood | <input type="checkbox"/> Windstorm | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Smoke Damage | <input type="checkbox"/> Vandalism | <input type="checkbox"/> Earthquake | _____ |

Description of Loss: _____

Police Report Date: _____ Time: _____ a.m. p.m.

Costs to Replace/Repair (Attach adjuster's report, estimates and/or invoices, if applicable)

Item/Area	Amount
_____	\$ _____
_____	_____
_____	_____
Total Loss	\$ _____
Less Deductible	- 1,000.00
Net Claim to Diocesan Self-Insurance Plan (DSIP)	\$ _____
Less Paid by DSIP (not to exceed \$5,000)	- _____
Net Claim to Asset Protection Exchange (if total loss greater than \$5,000)	\$ _____

Claim Submitted by:

Name: _____ Position: _____
Signature: _____ Date Signed: _____

I am aware of the loss(es) and have viewed the damages. I hereby authorize this claim.

Signature of Pastor/Principal/Director: _____

Date Signed: _____