

Kennewick School District



**PROPERTY LOSS/DAMAGE FORM**  
(Use for Reporting District Property Loss & Employee Property Loss)

Date of Loss \_\_\_\_\_ Time of Loss \_\_\_\_\_

Date Reported \_\_\_\_\_ Date of Report \_\_\_\_\_

Owner of Property \_\_\_\_\_  
(School, Department or Employee Name)

Address of Loss/Damage \_\_\_\_\_

Person to Contact \_\_\_\_\_

Reported to Police/Fire Dept. \_\_\_\_\_ Yes \_\_\_\_\_ No. Case Number \_\_\_\_\_

Kind of Loss/Damage (Theft, Vandalism, Fire, etc.) \_\_\_\_\_

Estimated Amount of Loss \_\_\_\_\_

Description of Loss or Damage \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Remarks**

\_\_\_\_\_  
\_\_\_\_\_

Completed By \_\_\_\_\_

Date \_\_\_\_\_ Phone \_\_\_\_\_

**RETURN THIS FORM TO THE KENNEWICK SCHOOL DISTRICT ADMINISTRATION BUILDING**

**DISTRICT OFFICE USE ONLY**

Date Received: \_\_\_\_\_

Action Taken:

- Filed for Information Only
- Not Forwarded for Insurance Coverage (Building or Department Budget Item)
- Not Forwarded for Insurance Coverage (District Budget Item)
- Forwarded to Western States Insurance Agency

Other Remarks: \_\_\_\_\_

\_\_\_\_\_

**INSURANCE BROKER**

Western States Insurance Agency  
Attn: Karen Fruchtl  
P.O. Box 70 \* 1100 Jadwin Avenue  
Richland, WA 99352  
Phone: 509-946-6161  
Fax: 509-946-0715

Jan 2008