NORTH CAROLINA SCHOOL BOARDS TRUST

INLAND MARINE LOSS NOTICE

This form must be completed and submitted to Carli Parker promptly following a loss, or in any event within fifteen (15) days of discovery of the loss. Incomplete forms will be returned for completion. Attach to this notice any and all police reports and incident reports, along with any purchase invoices and receipts for the property. Failure to attach such documents may result in delay in the processing of the claim.

Coverage Information

Effective Date _____ Expiration Date _____

Date & Time of Loss _____

Member District _____

Contact Name & Address _____

_____

Telephone Number _____ Fax Number _____

Location of Loss _____

Description of Loss _____

_____

Incident Report Prepared? Yes/No (Circle One) Incident Report Attached? Yes/No (Circle One)

Authority Contacted, if any _____ Report Number, if any _____

Property Information

Description of Property _____

Manufacturer _____ Model Number _____

Serial Number _____

Name of owner or person responsible for/assigned to property _____

Address _____

Telephone Number _____

Description of Damage _____

_____

_____

Date of Purchase/Lease _____ Cost of Repair _____

Is the loss theft-related? Yes/No (Circle One)

Purchase order/invoice/lease agreement attached? Yes/No (Circle One)

Witnesses To Loss And/Or Persons With Knowledge Of Loss

Name _____

Address _____

_____

Telephone Number _____

Name _____

Address _____

_____

Telephone Number _____

Name _____

Address _____

_____

Telephone Number _____

I affirm that the information contained in this report is true and accurate. I understand that failure to provide true and accurate information may be a basis for denial of benefits.

X _____ **X** _____

Signature **Date**

Submit Completed Form to:

CARLI PARKER
CLAIMS ADJUSTER
P.O. BOX 97877
RALEIGH, NC 27624-7877
Tel No. (919) 747-6682
Fax No. (919) 841-4315
Email: cparker@ncsba.org