



## PROPERTY LOSS NOTICE

Please send completed form as soon as practicable to:

Claims Associates, Inc.  
PO Box 1898  
Sioux Falls, SD 57101  
Online: <http://claimsassoc.com/assign-a-claim>

Email: [ASBSDclaims@claimsassoc.com](mailto:ASBSDclaims@claimsassoc.com)  
Office Phone (daytime hours): 605-333-9810  
Office Phone (after hours): 888-430-2249  
Fax No: 605-333-9835

Report Date:	Date of Loss and Time:	Previously Reported (Y/N):
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### MEMBER INFORMATION

School District Name and Street Address:	
Person at School District to Contact About this Loss (name, phone number, and email):	

### LOSS INFORMATION

Location of Loss Street Address:	
Describe Location of Loss if Not at a Specific Street Address:	
Police or Fire Department Contacted:	
Kind of Loss:	Fire <input type="checkbox"/> Lightning <input type="checkbox"/> Flood <input type="checkbox"/> Theft <input type="checkbox"/> Hail <input type="checkbox"/> Wind <input type="checkbox"/> Other <input type="checkbox"/> (please explain below)
Probable Amount Of Entire Loss:	
Description of Loss or Damage:	

Report By:	Signature:
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### ADDITIONAL COMMENTS THAT MAY BE OF ASSISTANCE IN HANDLING THIS CLAIM:

<b>Important additional instructions:</b> Please send copies of any correspondence or other documentation related to this matter. <b>APPLICABLE IN SOUTH DAKOTA:</b> Any person who knowingly and with intent to defraud any insurance company or another person, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and civil penalties.
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