

**FIRST UNITED METHODIST CHURCH
PROPERTY LOSS REPORT**

(This form to be used if loss or damage to personal property)

Personal Information

Name of Person: _____

Address: _____

City _____ State _____ Zip _____

Phone _____ Age _____ DOB _____

Capacity of Person at Time of Incident: Volunteer Worker Participant Other:

Explain Known Facts of Incident (Provide Photos if possible)

Action Taken (Example, called police and filed report.)

Detailed Explanation of Damage or Loss

Policy Report #: _____

Submitted by: _____ Date: _____

Return this completed form to Church Administrator immediately

Claim Phone #: 1-800-428-3448

Location #: R-004-389

Reference #: _____

Adjuster Returned Call

Additional Info needed: _____

Call Conference: 688-5563, ext. 144

Other Important Notes