

**PROPERTY CLAIM FORM**

**DISTRICT**

Name: SANTA MONICA COLLEGE

Address: 1900 Pico Blvd.

Santa Monica, CA 90405

Date of Loss: \_\_\_\_\_

**CONTACT**

Name: ADRIENE SMITH

Title: Risk & Insurance Coordinator

Phone: 310-434-4102

Time: \_\_\_\_\_  a.m.  
\_\_\_\_\_  p.m.

**LOSS LOCATION**

Site Name: \_\_\_\_\_

Site Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Type of Loss: Fire  Theft  Lightning  Hail  Flood  Wind

Other  (Explain) \_\_\_\_\_

Description of Loss & Damage: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Police or Fire Dept. to which reported \_\_\_\_\_

Report # \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

*Fax completed form to:  
Keenan & Associates, PLCA  
(310) 212-6847*