



**NEW MEXICO SELF-INSURERS' FUND  
INLAND MARINE/EQUIPMENT LOSS NOTICE**

Please print clearly and email to: [liabilityclaims@nmsif.org](mailto:liabilityclaims@nmsif.org)  
**Attach any invoices related to this claim.**

MUNICIPALITY: \_\_\_\_\_ POLICY#: \_\_\_\_\_

DATE OF LOSS: \_\_\_\_\_ TIME OF LOSS: \_\_\_\_\_

TYPE OF LOSS:  FIRE     THEFT     LIGHTNING     HAIL     OTHER

NMSIF IM ID #: \_\_\_\_\_ SERIAL#: \_\_\_\_\_

YEAR: \_\_\_\_\_ MANUFACTURER: \_\_\_\_\_

MODEL NO. : \_\_\_\_\_

IS EQUIPMENT USABLE:  YES     NO    PHONE # OF LOCATION: \_\_\_\_\_

IF NOT, ADDRESS EQUIPMENT IS LOCATED: \_\_\_\_\_

ESTIMATED COST OF DAMAGES: \$ \_\_\_\_\_

**WITNESSES TO INCIDENT:**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

DESCRIPTION OF INCIDENT: \_\_\_\_\_

DESCRIBE ANY OTHER INFORMATION WHICH YOU FEEL IS PERTINENT TO THIS CLAIM:  
\_\_\_\_\_  
\_\_\_\_\_

POLICE REPORT MADE:  YES     NO    IF YES, AGENCY: \_\_\_\_\_

PERSON SUBMITTING: \_\_\_\_\_ TITLE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_