



NEW MEXICO SELF-INSURERS' FUND PROPERTY LOSS NOTICE

Please print clearly and email to: liabilityclaims@nmsif.org
Attach any invoices related to this claim.

MUNICIPALITY: _____ POLICY#: _____

AM

DATE OF LOSS: ____ / ____ / ____ TIME OF LOSS: ____ PM NMSIF PROP ID #: _____

BUILDING ADDRESS: _____

TYPE OF LOSS: FIRE THEFT LIGHTNING HAIL
 FLOOD WIND OTHER

DESCRIPTION OF DAMAGE TO PROPERTY: _____

EST. BUILDING DAMAGE: \$ _____ EST. CONTENTS DAMAGE: \$ _____

STEPS TAKEN TO PREVENT FURTHER DAMAGE? _____

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

PERSONS HAVING KNOWLEDGE OF THE CIRCUMSTANCES SURROUNDING THIS CLAIM:

NAME: _____ PHONE: (____) ____ - _____

NAME: _____ PHONE: (____) ____ - _____

CONTACT PERSON: _____ PHONE: (____) ____ - _____

ADDRESS: _____

EMAIL: _____

PERSON SUBMITTING: _____ TITLE: _____

TELEPHONE NUMBER: (____) ____ - _____ DATE: ____ / ____ / ____