



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

Please print clearly and email to: liabilityclaims@nmml.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: _____

Fund Headquarters
P.O. Box 846*Santa Fe, NM 87504
(800) 432-2036