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: _______________ □ AM □ PM

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: __ / __ / ________