



**NEW MEXICO SELF-INSURERS' FUND  
PROPERTY LOSS NOTICE**

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

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

DATE OF LOSS: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ TIME OF LOSS: AM 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_