INSURANCE RESERVE FUND PROPERTY CLAIM FORM

TO:	**FROM:**
INSURANCE RESERVE FUND PO BOX 11066 COLUMBIA, SC 29211 TEL#/EMAIL: (803)737-0020	SC FORESTRY COMMISSION P O BOX 21707 COLUMBIA SC 29221
CONTACT PERSON:	MELISSA FLEMING
TELEPHONE:	803 896-8836
POLICY NUMBER:	
POLICY DATES: (MM/DD/YY - MM/DD/YY)	-
AMOUNT OF DEDUCTIBLE($):	
DATE OF LOSS:	
CAUSE OF CLAIM:	

DESCRIPTION OF LOSS

ABBREVIATED DESCRIPTION: (MAX 45 CHARACTERS)	
DETAILED DESCRIPTION:	
ESTIMATED AMOUNT OF LOSS($):	

PROPERTY DAMAGED SEGMENT#/BUILDING	BUILDING NAME	PROPERTY VALUES ($) BUILDING	CONTENTS

ATTACHMENTS

INVOICES ATTACHED:		PHOTOS ATTACHED:	
POLICE DEPARTMENT REPORT ATTACHED:		FIRE DEPARTMENT REPORT ATTACHED:	
TODAY'S DATE:		PREPARED BY:	

FOR INSURANCE RESERVE FUND USE ONLY

DIARY DATE:		EXPENSE RESERVES:	
ADJUSTER ID#:		ADJUSTER NAME:	
ADJUSTER TELEPHONE#:		P.S.: INITIAL CONTACT WITH OUR INSURED SHOULD BE THROUGH:	