

Keenan

PROPERTY CLAIM FORM

All Sections Must be Completed

DISTRICT

Stockton Unified School District

56 South Lincoln Street

Stockton, CA 95203

CONTACT

NAME: _____

TITLE: _____

PHONE: _____

DATE OF LOSS: _____

TIME: _____

☐ a.m.

☐ p.m.

LOSS LOCATION

Site Name: _____

Site Contact: _____

Address: _____

Phone: _____

TYPE OF LOSS: ☐ FIRE ☐ THEFT ☐ LIGHTNING ☐ FLOOD ☐ HAIL ☐ WIND

☐ OTHER: (EXPLAIN) _____

DESCRIPTION OF LOSS & DAMAGE: _____

REPORTED TO: (CHECK ALL THAT APPLY):

☐ FIRE

☐ POLICE

REPORT #: _____

FORM COMPLETED BY: _____ DATE: _____

EMAIL THIS FORM TO RISK MANAGEMENT AT
Rlemuschavez@stocktonusd.net & Avaladez@stocktonusd.net

(Risk) - Fax Completed Form to: PLCA
(Torrance) (310)212.6847 | (Oakland) (510) 986.6756

Keenan & Associates
License #0451271