



**NEW MEXICO  
PUBLIC SCHOOLS INSURANCE AUTHORITY**

**Cannon Cochran Management Services, Inc.**

Claims Administrator  
P.O. Box 30870  
Albuquerque, New Mexico 87190-0870  
800-635-0679 505-837-8700  
505-888-6901 Fax



**LOSS REPORT, PROPERTY**

NAME OF COMPANY/CLIENT LOCATION <b>District:</b>		PHONE NUMBER	
ADDRESS	CITY	STATE	ZIP
LOCATION OF LOSS			
DATE OF LOSS	TIME OF LOSS	ESTIMATE OF LOSS	
<b>BUILDING AND/OR CONTENTS</b>			
DETAILS OF LOSS			
<b>BOILER &amp; MACHINERY</b>			
DETAILS OF LOSS			
<b>EMPLOYEE DISHONESTY</b>			
NAME OF EMPLOYEE		DATE OF EMPLOYMENT	
JOB TITLE			
<b>ROBBERY OR SAFE BURGLARY</b>			
CULPRIT APPREHENDED-EXPLAIN			
POLICE AUTHORITY INVOLVED EXPLAIN			
ATTACH SUPPORTING MATERIAL-POLICE REPORT, NEWSPAPER ACCOUNT, DETAILS OF CLAIM, ETC			
<b>SUMMARY</b>			
SHOW LOSS OCCURRED AND DAMAGE EXTENT-ATTACH SUPPORTING MATERIAL ANY AVAILABLE REPORTS, NEWSPAPER ACCOUNT, PICTURES, REPAIR ESTIMATES OR BILLS ETC			

DATE

SIGNATURE AND TITLE