

**PROPERTY CLAIM FORM**

**DISTRICT**

Name: SANTA MONICA COLLEGE  
Address: 1900 Pico Blvd.  
Santa Monica, CA 90405

Date of Loss: \_\_\_\_\_

**CONTACT**

Name: Glaurys Ariass  
Title: Risk & Insurance Specialist  
Phone: 310-434-8170

Time: \_\_\_\_\_  a.m.  
\_\_\_\_\_  p.m.

**LOSS LOCATION**

Site Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Site Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_

Type of Loss: Fire  Theft  Lightning  Hail  Flood  Wind   
Other  (Explain) \_\_\_\_\_

Description of Loss & Damage: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Police or Fire Dept. to which reported \_\_\_\_\_  
Report # \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

*Fax completed form to:  
Keenan & Associates, PLCA  
(310) 212-6847*