

PROPERTY DAMAGE CLAIM REPORTING FORM

(COMPLETE THIS FORM IF YOU ARE MAKING A CLAIM FOR DAMAGE TO YOUR PROPERTY)

- 1. Foster Parent _____
- 2. Street Address _____
 City _____ State _____ Zip _____ Telephone# _____
- 3. Foster Parent License # _____
- 4. Name of Foster Child _____
 Foster Child Date of Birth _____ (OR) Age _____ Sex _____
- 5. **SPECIFIC** Date and time of incident _____
- 6. List of damaged property (use backside of this form as needed) _____

- 7. Describe how property listed above was damaged _____

- 8. Where can damaged property be seen? _____
- 9. Estimated dollar amount of property damage _____
- 10. Has loss been reported to your insurance company? _____
- 11. If yes, name and phone # of person reported to _____

Signature Date

Failure to comply with the following provisions may exclude your claim from coverage:

- 1. Do not destroy, repair or dispose of damaged property until Risk Management Division has given authority to do so.
- 2. This form must be filled out and mailed **DIRECTLY** to the address shown below promptly and **WITHIN 45 DAYS** of the loss

RISK MANAGEMENT DIVISION
 85 STATE HOUSE STATION
 AUGUSTA, MAINE 04333
 1-800-525-1252 or 287-3351

INSURANCE PROGRAM FOR FOSTER PARENTS