

EQUIPMENT DAMAGE OR LOSS FORM

- 1. NAME OF INSURED _____
- 2. REPORTED BY _____
- 3. STATION LOCATION _____
- 4. EQUIPMENT WAS ASSIGNED TO _____
- 5. DATE/TIME OF LOSS _____
- 6. PERSON & PHONE NUMBER TO CONTACT FOR ADDITIONAL INFORMATION:

- 7. INDICATE IF LOSS LOCATION NOT SAME AS ABOVE

- 8. IF THEFT LOSS WERE POLICE NOTIFIED (IF YES, FILE # AND OFFICER OR STATION)

- 9. LIST OF EQUIPMENT LOST OR DAMAGED:

- 10. HOW WAS EQUIPMENT DAMAGED OR STOLEN (COMPLETE DESCRIPTION):

THIS REPORT NEEDS BE SENT TO VFIS AS SOON AS POSSIBLE.

VFIS of Texas
3420 Executive Center Drive, Suite 301
Austin, TX 78731-1636
1-800-252-9435 or 512-448-9928
Fax # 512-448-9929

POLICE REPORT (IF THEFT) AND REPLACEMENT COST INVOICE MUST BE RECEIVED WITH THIS FORM FOR PAYMENT TO BE MADE. THIS IS VERY IMPORTANT!!!!!!