

**INSURANCE LOSS NOTICE - State of West Virginia**

BRIM USE ONLY

Instructions: For **all** losses, complete sections 1, 2 & 3  
For **Auto** losses -- **also** section 4  
For Insured **Property** losses -- **also** section 5

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! Coding \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
! To. Co. \_\_\_\_\_  
!  
\_\_\_\_\_

(1) Insured Name: Grant County Board of Ed. Insured Acct. # (required) L 0212  
Insured Address: 204 Jefferson Avenue, Petersburg, WV 26847  
Insured Phone Number (day): (304) 257-1011 ext. 10  
Contact Person Tony Oates Position with Insured Treasurer  
For insured (Contact Person)

(2) Date of Loss: \_\_\_\_\_ Time of Day: \_\_\_\_\_ :  
Location of Occurrence: (Street address) \_\_\_\_\_  
Description of Occurrence: \_\_\_\_\_  
Investigated By: (Police, Fire, etc.) \_\_\_\_\_

(3) Injured/Property Damaged *use additional sheet(s) as necessary*  
Name (injured/owner) \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
Age \_\_\_\_ Sex \_\_\_\_ Social Security #: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_ Where is Property Now? \_\_\_\_\_  
Description-Injury: \_\_\_\_\_  
Description-Property Damage: \_\_\_\_\_ Estimate Amt. \$ \_\_\_\_\_  
Witnesses: \_\_\_\_\_

(4) Auto Losses Only *use additional sheet(s) as necessary*

Insured Vehicle			Claimant Vehicle		
Year _____	Make _____	Model _____	Year _____	Make _____	Model _____
VIN _____			VIN _____		
Vehicle Driver _____			Vehicle Driver _____		
Vehicle Owner _____			Vehicle Owner _____		
Passengers _____			Passengers _____		

(5) Insured Property Losses Only: Loss Type  
( ) Fire ( ) Windstorm ( ) Burglary & Theft ( ) Boiler & Machinery ( ) Fidelity  
( ) Vehicle ( ) Aircraft ( ) Other \_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_