

**OSS**  
 ORGANIZATION OF  
**SELF-INSURED SCHOOLS**

For Damage or Loss to **Your Own** Property

|                      |  |                     |  |                     |  |
|----------------------|--|---------------------|--|---------------------|--|
| <b>Date Reported</b> |  | <b>Date of Loss</b> |  | <b>Time of Loss</b> |  |
|----------------------|--|---------------------|--|---------------------|--|

|   |  |                                    |                               |                               |                                |                                    |
|---|--|------------------------------------|-------------------------------|-------------------------------|--------------------------------|------------------------------------|
| <b>Kind of Loss</b>                         |  |                                    |                               |                               |                                |                                    |
| <input type="checkbox"/> Fire               | <input type="checkbox"/> Theft                     | <input type="checkbox"/> Lightning | <input type="checkbox"/> Hail | <input type="checkbox"/> Wind | <input type="checkbox"/> Flood | <input type="checkbox"/> Vandalism |
| <input type="checkbox"/> Boiler & Machinery | <input type="checkbox"/> Other ( <i>describe</i> ) |                                    |                               |                               |                                |                                    |

|                                  |  |
|----------------------------------|--|
| <b>Name</b>                      |  |
| <b>Mailing Address</b>           |  |
| <b>Contact Name</b>              |  |
| <b>Contact Phone Number</b>      |  |
| <b>Other Contact Information</b> |  |
| <b>Email Address</b>             |  |

|   |  |
|---|--|
| <b>Loss Location</b> ( <i>Site name, address &amp; building/property description</i> ). |  |
|---|--|

|   |  |
|---|--|
| <b>Description of Loss &amp; Damage</b> |  |
|---|--|

**Probable Amount of Entire Loss:**

|                       |  |           |
|-----------------------|--|-----------|
| <b>To Building(s)</b> |  | <b>\$</b> |
| <b>To Contents</b>    |  | <b>\$</b> |
| <b>Other</b>          |  | <b>\$</b> |

**If applicable:**

|   |  |
|---|--|
| <b>Police or Fire Dept. who responded</b> ( <i>provide agency name, report number, contact</i> ). |  |
|---|--|

|                  |  |
|------------------|--|
| <b>Comments:</b> |  |
|------------------|--|

|                     |  |                  |  |
|---------------------|--|------------------|--|
| <b>Submitted by</b> |  | <b>Title</b>     |  |
| <b>Phone #</b>      |  | <b>Signature</b> |  |

**DISTRICT CLAIMS ADMINISTRATOR**

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