



## HOW TO FILE A CLAIM

19800 Oatfield Road  
Gladstone, OR 97027-2546  
Telephone: 503-850-3500  
Fax: 503-654-5657  
[www.OregonConference.org](http://www.OregonConference.org)

### PROPERTY

#### CLAIM INFORMATION

IMMEDIATE AND TIMELY REPORTING IS CRITICAL

#### DOCUMENTATION NEEDED: *(TO ACCOMPANY COMPLETED CLAIM FORM)*

- If an attorney is involved, provide name and address.
- Have papers been served? If so, when? Attach a copy.
- Copies of medical bills, if any.

#### ADDITIONAL DOCUMENTATION NEEDED FOR MEDICAL PROFESSIONAL LIABILITY SITUATIONS:

- Medical Records
- Incident Report
- Any statements by medical personnel.

#### PROCEDURE:

Please send above information to Oregon Conference Risk Management. ARM may assign an adjuster in complex situations, it is important for you to cooperate with them. If there are any problems, let us know immediately.

#### INFORMATION SHOULD BE SENT BY MAIL, EMAIL OR FAX:

Oregon Conference of Seventh-day Adventist

Attn: Risk Management

19800 Oatfield Road  
Gladstone, OR 97027

Wendy Kessler, Administrative Assistant, Risk Management

OFFICE: (503) 850-3553 - FAX: (503) 850-3453

EMAIL: [wendy.kessler@oc.npuc.org](mailto:wendy.kessler@oc.npuc.org)

Or

Simona Cardwell, Director, Risk Management

OFFICE: (503) 850-3522 - FAX: (503) 850-3422

EMAIL: [simona.cardwell@oc.npuc.org](mailto:simona.cardwell@oc.npuc.org)



# NORTH AMERICAN DIVISION PROPERTY STATEMENT OF LOSS

12501 Old Columbia Pike - Silver Spring, MD 20904  
OFFICE: (301) 680-6870 | FAX: (301) 680-6878  
EMAIL: claims@adventistrisk.org

**FOR YOUR PROTECTION SOME STATE LAWS REQUIRE THAT THE FOLLOWING STATEMENT APPEAR ON THIS FORM:**

"IT IS UNLAWFUL TO: (A) PRESENT OR CAUSE TO BE PRESENTED ANY FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS UNDER A CONTRACT OF INSURANCE AND/OR (B) PREPARE, MAKE, OR SUBSCRIBE ANY WRITING WITH INTENT TO PRESENT OR USE THE SAME, OR TO ALLOW IT TO BE PRESENTED OR USED IN SUPPORT OF ANY SUCH CLAIM. EVERY PERSON WHO VIOLATES ANY PROVISION OF THIS SECTION IS PUNISHABLE BY IMPRISONMENT IN THE STATE PRISON NOT EXCEEDING THREE YEARS, OR BY FINE NOT EXCEEDING ONE THOUSAND DOLLARS, OR BY BOTH."

**▷ POLICY:**

CONFERENCE:

NAME OF ENTITY:

DAMAGED PROPERTY - ADDRESS:

CITY:

STATE:

ZIP CODE:

POINT OF CONTACT - FIRST NAME:

M.I.

LAST NAME:

TELEPHONE | BUSINESS:

RESIDENTIAL:

EMAIL ADDRESS:

**▷ DESCRIPTION OF WHEN AND HOW LOSS OCCURRED:** IF EXACT DATE IS NOT KNOWN, GIVE DATE OF DISCOVERY

MONTH	DAY	YEAR	TIME
			AM PM

DESCRIPTION OF ACCIDENT/NATURE OF ACTIVITY (USE ADDITIONAL SHEET IF NECESSARY)

**▷ DESCRIPTION OF PROPERTY DAMAGED OR STOLEN:** (SUPPORT WITH WRITTEN VENDOR ESTIMATES AND PHOTOS. USE ADDITIONAL SHEETS IF NECESSARY)

MAKE, MODEL, SERIAL NUMBER	APPROXIMATE AGE	REPLACEMENT COST
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**▷ ESTIMATE OF LOSS:**

BUILDING: \$

CONTENTS: \$

TEMPORARY REPAIRS: \$

STOLEN GOODS: \$

STOLEN MONEY: \$

GLASS: \$

TOTAL ESTIMATES: \$

LESS DEDUCTIBLE: \$

NET ESTIMATE: \$

**▷ ALL CRIME LOSSES MUST BE REPORTED TO POLICE:**

DATE REPORTED TO POLICE (MM/DD/YYYY):

POLICE REPORT NUMBER:

INVESTIGATING ORGANIZATION:

PHONE NUMBER:

ADDRESS:

CITY:

STATE:

ZIP CODE:

▷ SIGNATURE OF AUTHORIZED ENTITY REPRESENTATIVE:

TITLE:

DATE OF SIGNING (MM/DD/YYYY):

▷ SIGNATURE OF AUTHORIZED INSURED REPRESENTATIVE:

TITLE:

DATE OF SIGNING (MM/DD/YYYY):