

# MONTGOMERY COUNTY PUBLIC SCHOOLS

## Property Damage/Loss Claim Form

Division of Financial Services  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
850 Hungerford Drive, Rockville, Maryland 20850 • 240-740-7524

**INSURED BY MONTGOMERY COUNTY  
MARYLAND INTERAGENCY SELF INSURANCE FUND**

**DO NOT WRITE IN THIS SPACE**

Date of Loss \_\_\_/\_\_\_/\_\_\_ Time of Loss \_\_:\_\_\_  a.m.  p.m.

Location Code

Location of Loss \_\_\_\_\_

Description of Damage/Loss \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was a remediation company called:  Yes  No  Servpro  First Onsite (Rolyn LLC)

Was an Indoor Air Quality and Property Damage Report completed?  Yes  No

Were any supplies damaged?  Yes  No If yes, please list

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If third party is responsible for damage, complete the following:

Name \_\_\_\_\_ Phone \_\_\_ - \_\_\_ - \_\_\_

Address \_\_\_\_\_

Insurance Information \_\_\_\_\_

Were police notified of damage?  Yes  No

Police Report Number \_\_\_\_\_ Estimate to repair or replace \$ \_\_\_\_\_

### SIGNATURES

Reporting Person (Print Name) \_\_\_\_\_

Reporting Person Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Supervisor (Print Name) \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_