PORTABLE EQUIPMENT / PERSONAL EFFECTS CLAIM

Name and Address of Insured Organization
North Whidbey Fire and Rescue
770 NE Midway Blvd, Suite 201
Oak Harbor, WA 98277

To Be Completed By Member Making the Claim

Name _____

Home Address _____

City_____State_____Zip_____

Home Telephone _____Work Telephone_____

A. Please Complete the Following

1. Date of loss or damage _____ What was lost?_____
2. Where did loss occur _____
3. What duty were you involved in when the loss occurred _____

4. How did the loss occur _____

5. Fully describe the item lost or damaged (brand, model, physical description) _____

6. Describe the nature of the damage _____

_____ _____
Signature of Member Date

A. To Be Completed By Chief or Administrative Officer

1. Was the above person a member of your organization at the time of the above described incident? ___ YES ___ NO
2. Was the duty described in A.3 above an authorized duty of your organization? ___ YES ___ NO
3. If the answers to the above two questions are yes, please have the member furnish a written estimate or bill for repairs. If item is not repairable, provide a written estimate or bill for the cost to replace the item with an item of like kind and quality.
4. If the loss was a result of a theft, please have the member furnish a copy of the police report.

I certify that the above is true.

_____ _____
Signature and Title