



Equipment Damage or Loss Form

Name of Insured: _____

Reported By: _____

Station Location: _____

Equipment was Assigned to: _____

Date / Time of Loss: _____

Person & Phone Number to Contact for Additional Information: _____

Indicate if Loss Location Not Same as Above: _____

If Theft Loss Were Police Notified? (If Yes, File # and Officer or Station): _____

List of Equipment Lost or Damaged: _____

How was Equipment Damaged or Stolen (Complete Description): _____

THIS REPORT NEEDS TO BE SENT TO WINSTAR INSURANCE GROUP AS SOON AS POSSIBLE

Return to: Cherry Guidry at cguidry@vfistx.com Phone: 512-628-5184 Fax: 512-448-9929

POLICE REPORT (IF THEFT) AND REPLACEMENT COST INVOICE MUST BE RECEIVED WITH THIS FORM FOR PAYMENT TO BE MADE. THIS IS VERY IMPORTANT!!!