



Equipment Damage or Loss Form

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

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, List File # and Officer or Station): _____

List of Equipment Lost or Damaged: _____

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

Completed By: _____ Date: _____

POLICE REPORT (IF THEFT) AND REPLACEMENT COST INVOICE MUST BE RECEIVED WITH THIS FORM FOR

PAYMENT TO BE MADE. THIS IS VERY IMPORTANT!!!

Return to: Cherry Guidry at cguidry@vfistx.com or Phone: 512-628-5184 Fax: 512-448-9929
Marena Williams at mwilliams@vfistx.com Phone: 512-628-5055 Fax: 512-448-9929