

**Williamson County Government  
Risk Management Division  
Property Loss Notice**

**Contact Information:**

Williamson County Risk Management  
1320 West Main Street, Suite 108  
Franklin, Tennessee 37064  
Telephone: (615) 790-5466 Fax: (615) 591-8519

Claim # \_\_\_\_\_  
Risk Management Use Only

**Loss Information:** Department/School \_\_\_\_\_ Date of Loss/Time of Day \_\_\_\_\_

Loss Location (incl. city/state) \_\_\_\_\_

Authority Contacted \_\_\_\_\_ Report # \_\_\_\_\_

**Loss Details:** (Use separate sheet if necessary for complete explanation)

(1) Type of Loss: Fire \_\_\_\_\_ Theft \_\_\_\_\_ Lightning \_\_\_\_\_ Hail \_\_\_\_\_ Flood \_\_\_\_\_ Wind \_\_\_\_\_ Other \_\_\_\_\_

Description of Loss and/or Damage (Use separate sheet if necessary for complete explanation) \_\_\_\_\_

Make/Model, Serial/ID #, \$ Estimate of Loss \_\_\_\_\_

(2) Type of Loss: Fire \_\_\_\_\_ Theft \_\_\_\_\_ Lightning \_\_\_\_\_ Hail \_\_\_\_\_ Flood \_\_\_\_\_ Wind \_\_\_\_\_ Other \_\_\_\_\_

Description of Loss and/or Damage (Use separate sheet if necessary for complete explanation) \_\_\_\_\_

Make/Model, Serial/ID #, \$ Estimate of Loss \_\_\_\_\_

(3) Type of Loss: Fire \_\_\_\_\_ Theft \_\_\_\_\_ Lightning \_\_\_\_\_ Hail \_\_\_\_\_ Flood \_\_\_\_\_ Wind \_\_\_\_\_ Other \_\_\_\_\_

Description of Loss and/or Damage (Use separate sheet if necessary for complete explanation) \_\_\_\_\_

Make/Model, Serial/ID #, \$ Estimate of Loss \_\_\_\_\_

(4) Type of Loss: Fire \_\_\_\_\_ Theft \_\_\_\_\_ Lightning \_\_\_\_\_ Hail \_\_\_\_\_ Flood \_\_\_\_\_ Wind \_\_\_\_\_ Other \_\_\_\_\_

Description of Loss and/or Damage (Use separate sheet if necessary for complete explanation) \_\_\_\_\_

Make/Model, Serial/ID #, \$ Estimate of Loss \_\_\_\_\_

**Injured** Name \_\_\_\_\_ Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Transported to Hospital? Yes \_\_\_ No \_\_\_ Hospital Name: \_\_\_\_\_ Refused Treatment: Yes \_\_\_ No \_\_\_

**Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against Williamson County Government or its Excess Insurance Carrier, submits an application or files a claim report which contains a false or deceptive statement is guilty of insurance fraud and will be prosecuted to the fullest extent of the law.**

Report Date \_\_\_\_\_ 20 \_\_\_\_\_ Reported By \_\_\_\_\_  
Edition Date 10/14/15