

LOST, STOLEN, OR DAMAGED PROPERTY INFORMATION

Date of Loss: _____ Time of Occurrence: _____

Weather Conditions: _____ Temp.: _____

Location of Incident: _____ Zip Code: _____

Did occurrence happen on an ARCO/Murray jobsite? Yes No Project #: _____

Type of Property: Tools/Equipment New Construction Materials Pollution/Environmental Contamination
 Other If other, please explain: _____ Estimated Value: _____

Will the damage delay project completion or delivery? Yes No If yes, how long? _____

Make/Model of Equipment: _____ Serial #: _____

Please explain the extent of property damage, location, and quantity: _____

Did occurrence affect the operations of a third party? Yes No

Was a police report filed? Yes No Report/Case Number: _____

Was damaged property an ARCO/Murray vehicle? Yes No

IF YES, PLEASE COMPLETE AN AUTO ACCIDENT FORM.

OWNER/SUPPLIER INFORMATION

Equipment/Material Owner: _____

Who had possession of material or equipment (company)? _____

Was equipment leased or rented? Yes No If yes, do we have a copy of the agreement? Yes No

Have written notifications been sent to the responsible parties and insurance carriers? Yes No N/A

If yes, to whom? _____

Contact Name for Property: _____ Address: _____

City: _____ State: _____ Phone #: _____

Was anyone injured? Yes No **IF YES, PLEASE COMPLETE BODILY INJURY REPORT.**

WITNESS INFORMATION

Name	Phone Number	Alt. Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

COMMENTS

Report Completed By: _____
(Print Name)

Title: _____ Date: _____