

Topic: PROPERTY INSURANCE -  
Reporting a Property Loss  
Section: LIABILITY/PROPERTY  
INSURANCE PROGRAM  
Number: XXIII.6.

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Date Issued: June 23, 1994  
Date Revised: March 28, 2013

**PURPOSE:**

To establish county-wide procedures for reporting property losses.

**POLICY:**

It is the policy of the County of Santa Cruz that all property losses be reported to the Risk Management Division of the Personnel Department.

**PROCEDURE:**

1. Departments shall report all property losses to the Risk Management Division of Personnel Department, specifically to either the Risk Manager or Liability/Property Program Manager. If a major loss (fire, flood, etc.) occurs outside of normal working hours, the department head or designee shall notify County Communications (9+911) and request that Risk Management be notified.
2. Departmental staff shall obtain the name, address, phone number of any witnesses to a loss and as many details as possible.
3. Departmental staff shall complete the County of Santa Cruz Loss Report - PER5013, immediately, SAME DAY, while the details of the incident are fresh.
4. The completed form PER5013 shall be forwarded to Risk Management within 24 hours of the incident.
5. Copies of all photographs, receipts, time logs, and any other documentation used to abate a loss shall be forwarded to Risk Management.
6. The Liability/Property Program Manager and Risk Manager will coordinate adjusting losses with the appropriate insurance company. All questions, comments and concerns about the incident should be referred to the Liability/Property Program Manager.

7. The Risk Manager should be contacted as a back up, if the Liability/Property Program Manager is not available.

**SEE NEXT PAGE FOR FORM PER5013  
COUNTY OF SANTA CRUZ PROPERTY LOSS REPORT**

PROPERTY INSURANCE - Reporting A Property Loss  
COUNTY OF SANTA CRUZ - PROPERTY LOSS REPORT

Date of Loss: \_\_\_\_\_ Time of Loss: \_\_\_\_\_

Employee Reporting  
Loss: \_\_\_\_\_

Department: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Exact Location of  
Loss: \_\_\_\_\_

\_\_\_\_\_

Description of Loss (use back if more space needed): \_\_\_\_\_

\_\_\_\_\_

Estimate of Amount of Loss: \_\_\_\_\_

Did Fire Respond:  Yes  No  
If yes, Name and Agency \_\_\_\_\_

Did Police Respond:  Yes  No  
If yes, Name and Agency \_\_\_\_\_

Did County Staff from Other Departments Respond:  Yes  No  
If yes, provide name(s) and department(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Witnesses: Name, Address and Phone Number

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Report Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

**FORWARD COMPLETED REPORT TO RISK MANAGEMENT  
WITHIN 24 HOURS OF INCIDENT**

PER5013

\*\*\*PAM2306 RFT F1 03/28/13

