

**REPORT OF OCCURRENCE INVOLVING STATE BUILDING OR PROPERTY**

STATE INSURANCE TRUST FUND

(Please type or legibly print all information)

\_\_\_\_\_

State Agency \_\_\_\_\_ Date of Occurrence \_\_\_\_\_

“  
AGENCY ACCOUNTING CODE \*zzzzzzzz/zz/zzz+

\_\_\_\_\_

Name of Agency Insurance Coordinator or Designee \_\_\_\_\_ Telephone \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Location of Occurrence (Building and Address) \_\_\_\_\_

\_\_\_\_\_

Area of Building In Which Occurrence Took Place \_\_\_\_\_

\_\_\_\_\_

Detailed Description Of Occurrence Including Cause \_\_\_\_\_

\_\_\_\_\_

Estimate of Building Loss \$ \_\_\_\_\_

\_\_\_\_\_

Estimate of Contents Loss \$ \_\_\_\_\_

\_\_\_\_\_

Police or Fire Department To Which Reported \_\_\_\_\_

\_\_\_\_\_

Police or Fire Department Report Number \_\_\_\_\_

\_\_\_\_\_

Signature of Agency Insurance Coordinator or Designee \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:** Attach Additional Information To This Report If Necessary

**Send Original Report To:** Insurance Division  
State Treasurer of Maryland  
Louis L. Goldstein Treasury Building  
80 Calvert Street, Room 400  
Annapolis, MD 21401  
800-942-0162  
FAX 410-974-2865