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 C	ODE	
Name of Agency Insurance Co	oordinator or Designee	Telephone
Address		
Location of Occurrence (Buil	lding and Address)	
Area of Building In Which Oo	ccurrence Took Place —	
Detailed Description Of Occu	rrence Including Cause	
Estimate of Building Loss \$		
Estimate of Contents Loss \$		
Police or Fire Department To	Which Reported	
Police or Fire Department Rep	port Number	
Signature of Agency Insurance	e Coordinator or Designee	e Date
NOTE: Attach Additional In	formation To This Report	If Necessary
Send Original Report To:	Insurance Division State Treasurer of Mary Louis L. Goldstein Trea 80 Calvert Street, Ro Annapolis, MD 21401	nsury Building om 442

800-942-0162 FAX 410-974-2865