

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

STATE INSURANCE TRUST FUND

(Please type or legibly print all information)

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

\_\_\_\_\_ AGENCY ACCOUNTING CODE

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

\_\_\_\_\_ 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

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

**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 442  
Annapolis, MD 21401  
800-942-0162  
FAX 410-974-2865