

# Louisiana State Property 1st Party Losses

Buildings, Contents, Equipment Breakdown, Employee Bond and Crime Losses. In addition to the above, Sedgwick's Property Claims Unit is responsible for Bridge Property losses and Fixed Marine Facility losses.

Agency Name: \_\_\_\_\_ Agency Location Code: \_\_\_\_\_

Agency Contact: \_\_\_\_\_

*Name, Phone, Fax, and Email*

Date of Loss: \_\_\_\_\_ Time of Loss: \_\_\_\_\_ Date reported to Sedgwick: \_\_\_\_\_

State ID/Slab Building # (Facility Management#): S \_\_\_\_\_ or L \_\_\_\_\_

Site Code #: \_\_\_\_\_ ERP Code #: \_\_\_\_\_

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

*Street, City, Zip Code, Parish*

Type of Loss: (mark with an 'X') \_\_\_\_\_ *FIRE* \_\_\_\_\_ *THEFT* \_\_\_\_\_ *LIGHTNING* \_\_\_\_\_ *HAIL*  
\_\_\_\_\_ *FLOOD* \_\_\_\_\_ *WIND* \_\_\_\_\_ *OTHER*

Explain Other: \_\_\_\_\_

Does this loss involve a hurricane? (Type YES or NO) \_\_\_\_\_

If yes name of hurricane: \_\_\_\_\_

Estimated amount of loss to exceed \$1,000.00? (Type YES or NO) \_\_\_\_\_

Description of Loss & Damage: \_\_\_\_\_

Enclose all supporting documents of your loss, including any information on a 3rd party. Also, include asset management/LPAA print out sheet.

Contents/movable property list age or date of purchase: \_\_\_\_\_

Reported By: \_\_\_\_\_ Phone: \_\_\_\_\_

After completion of this form please email directly to [Sedgwick](mailto:6410StateofLouisiana@sedgwickcms.com)

An adjuster will be assigned and your agency will receive an acknowledgement letter with the assigned claim number as well as the adjusters name and contact information.

Email to [6410StateofLouisiana@sedgwickcms.com](mailto:6410StateofLouisiana@sedgwickcms.com) using above link or fax to 855-563-2447

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Line: Property