

Property Report of Incident

Coverage Through Risk Pool: Midwest Public Risk | Claims Administrator (TPA): Thomas McGee, L.C. (* = Required Information)

MEMBER INFORMATION*						
Preparer's Name:		Phone:				
Entity:						
	City: _			State:	Zip:	
INCIDENT LOCATION INFOR	MATION*					
Date of Incident:				Time:		
Location Address:		City:		State:	Zip:	
Department:						
Contact Person:				Phone:		
Property Description:						
LOSS INFORMATION*						
Type of Loss: \Box Fire \Box	Wind \square	Hail	\square Lightning	☐ Flood	\square Theft	
☐ Equipment Da	mage \square	Other:				
Damage Description (Be As Deta	•					
Estimated Damage: \$						
	☐ Yes					
POLICE INFORMATION						
Report Was Made To Police?	☐ Yes	□ No				
Department Name:			Report Numbe	r:		
ADDITIONAL COMMENTS/R			•			
ADDITIONAL COMMENTS, K						

E-mail completed form to claims@mprisk.org or Fax to 816-842-1276

For questions call 816-858-6380 or 816-842-4800 (Please specify you are with MPR)

Please attach any additional pertinent information in relation to the claim (photos, police report, estimates, etc.)