

**RISK MANAGEMENT SELF INSURANCE FUND THEFT CLAIM FORM**

**Instructions:**

Answer ALL questions below. Attach all documentation relating to this claim. If translation and currency conversion are necessary, be sure to include it. If additional space is needed, attach Additional Information Page.

**Mail to:** Presbyterian Church (USA), Risk Management Department, 100 Witherspoon Street, Room 5623, Louisville, KY 40202-1396.

**Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

**Date of Theft:** \_\_\_\_\_

**Place where theft occurred:** \_\_\_\_\_

**List all items stolen and estimated cost of each:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please provide detailed description of what happened:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RISK MANAGEMENT SELF INSURANCE FUND THEFT CLAIM FORM  
ADDITIONAL INFORMATION**