

HARRP

Housing Authorities Risk Retention Pool

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NOTICE OF CLAIM OR INCIDENT

Member Housing Authority: _____ Date of Incident: _____

Housing Authority Contact: _____

Phone Number: (____) _____ Fax: (____) _____

Location of Incident: _____

⇒ Legal Owner of Property: _____

Describe What Happened: _____

If this is a property loss, would you like HARRP to assign an adjuster?: Yes No

Property Loss Severity: Low Medium High

(Low = Damage to one room; Medium = Damage to a unit or multiple rooms; High = Damage to building structure)

Claimant Name (only if applicable): _____

Address: _____ Apt. No. _____

City: _____ State: _____ Zip: _____ Phone No: (____) _____

What Action Have You Taken?: _____

List the name, address and telephone number of any witnesses:

1. _____

2. _____

Please attach any documents or reports available to you or forward them as soon as possible.

Note: This completed form must be filled out completely and submitted to HARRP as soon as you become aware of an incident which has or will likely lead to a claim against you.