**SELF-INSURANCE CLAIM FORM**

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| --- | --- | --- |
| Bethel #: | Street: | City/ZIP: |
|  |  |  |
| List Item(s): | Description: | List value: |
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| --- | --- | --- |
| Was the item listed on the bethel inventory? | Yes | No |
| Date of disappearance and/or description of incident: |  | |
|  |
| Where and when was the item(s) last seen? |  | |
| What steps have been taken to locate/recover the item(s)? |  | |
| Was a police report necessary/filed? | Yes | No |
| Did the loss take place from/in a Masonic Center? | Yes | No |
| Does the Masonic Center have insurance that covers the loss? | Yes | No |
| If lost or stolen from an individual’s home would the home owner’s insurance cover the item(s)? | Yes | No |

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Bethel contact person

Phone #

Attachments: Police Report if applicable