



Butte Schools Self-Funded Programs
500 Cohasset Road
Suite 24
Chico, CA 95926
Voice: 530-879-7438
Fax: 530-579-7595

Erik J. Knak
Claims Administrator
Voice: 530-247-1049
ejknak@jett.net

Property Claim Form

District

School District: _____

Contact name: _____

Date of Loss: _____ Time: _____

Contact phone: _____

Loss Location

Site Name: _____

Site contact name: _____

Address: _____

Site contact phone: _____

Type of Loss

- | | | |
|------------------------------------|--------------------------------|--|
| <input type="checkbox"/> Fire | <input type="checkbox"/> Hail | <input type="checkbox"/> Other (please describe) |
| <input type="checkbox"/> Theft | <input type="checkbox"/> Flood | |
| <input type="checkbox"/> Lightning | <input type="checkbox"/> Wind | |

Description of Loss and Damage

Police or Fire Department to which reported: _____ Report # _____

Completed by: _____ Date: _____

When completed, scan form to: ejknak@jett.net and cpatters@bsspjpa.org