

**WALDORF RISK SOLUTIONS
PROPERTY CLAIMS REPORT**

INSURED'S INFORMATION

Insured's Name: The Roman Catholic Diocese of Las Cruces

If part of a larger group, i.e. a Diocese,
please name your sub-group, parish, etc.: _____

Insured's Address:

Address 1: _____ Address 2: _____

P.O. Box/Apt.: _____ City: _____ State: _____ Zip: _____

Your Name: _____

Telephone: _____

E-mail: _____

Fax: _____

LOSS INFORMATION

Date of Loss: _____ Time of Accident: _____

Location:

Address 1: _____ Address 2: _____

P.O. Box/Apt.: _____ City: _____ State: _____ Zip: _____

Description of Loss: _____

Estimate of Damages: _____

Additional Notes: _____

DIOCESE OF LAS CRUCES

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