A. All property losses are to be reported immediately by phone to the project insurance carrier.

B. Notify the Agency Insurance Officer by phone, (717) 780-3814 or FAX (717) 780-3867, within 24 hours of the damage occurrence.

C. The Property Damage Report included in this Chapter is to be submitted to the Agency within 24 hours after any property damage incident has occurred and mailed to the Technical Services Representative, with a copy to the Agency Insurance Officer and Manager of Facilities and Construction Operations, both located in the Harrisburg office.

D. Emergency repairs, cleaning, and securing of the damaged areas may start prior to Agency inspection. The Technical Services Representative after reviewing the Property Damage Report will notify the management agent of inspections required prior to the permanent repairs.

E. A representative of the Agency Technical Services office, depending on the property loss, may inspect the property damage prior to commencement of emergency or permanent repairs.

F. Project insurers investigating, settling, or defending claims are to be given complete cooperation by the agent. The agent will investigate all property damage incidents, claims, and potential claims, which may be processed to the insurance carrier. The agent will provide the owner and the Agency with full reports as to its findings.

G. The agent will obtain bids for the proposed damage repair prior to the commencement of the permanent repair work. The proposed repair bids must be reviewed and approved by the Agency Technical Services office and the Financial Analyst assigned to the project.

H. The insurance carriers will process a check in accordance with the insurance policy, marked payable to the project and the Agency. The check is to be forwarded to the Agency to the attention of the Insurance Officer. Upon Agency approval of property damage repairs, the check will be endorsed and returned to the agent.
DATE OF REPORT:____________________________  PHFA NO.:______________________________

PROPERTY NAME:______________________________________________________________

ADDRESS:_____________________________________________________________________

MANAGEMENT AGENT:_________________________________________________________________

ADDRESS:_____________________________________________________________________

1. Type of Incident: (     ) Fire (     ) Storm (     ) Explosion (     ) Other
   If Other, please explain:_________________________________________________________

2. Date and Time of Occurrence:__________________________________________________

3. Exact location (building/apartment):_____________________________________________

4. How was it discovered? _________________________________________________________

5. Cause of fire or damage:_________________________________________________________
   Determined by:_______________________________________________________________

6. Estimated Damage: $_________________  Estimate by:_______________________________

7. Was insurance company notified? (     ) Yes (     ) No  Date:_______________________
   Person contacted:_____________________________________________________________

8. List and describe property damage:______________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

9. List and describe bodily Injury:__________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

10. Was building evacuated? (     ) Yes (     ) No
11. List displaced tenants: Where located:

____________________________________________________________

____________________________________________________________

____________________________________________________________

12. Were building fire alarms activated? ( ) Yes ( ) No How?________

13. Did all fire warning devices function properly? ( ) Yes ( ) No

14. Was fire evacuation plan posted? ( ) Yes ( ) No
   Date of last fire drill:______________

15. Was local Fire Department alerted? ( ) Yes ( ) No
   How? ____________________________ Did it respond? ________________

16. List names and addresses of departments and persons making the investigation.
   (Submit copies of reports):

   ___________________________________________________________________

   ___________________________________________________________________

   ___________________________________________________________________

17. General remarks; use other sheets if necessary:_________________________

   ___________________________________________________________________

   ___________________________________________________________________

   ___________________________________________________________________

SUBMITTED BY:_______________________ TITLE:________________________
ADDRESS:____________________________ PHONE NO.:____________________

This report is to be completed **within 24 hours** after any property damage incident has occurred and mailed to your Technical Services Representative, with a copy to the Agency Insurance Officer and Manager of Facilities & Construction Operations.

July 1997