



Crime Claim Reporting Form

Instructions: Please complete the form in detail. Please provide supporting documents showing amounts lost if available, and submit any additional information to the office of the City Manager or Superintendent.

City Manager/Superintendent: Email form and supporting documents to Khardin@Alaskarisk.org or call Kyle Hardin (907) 560-2009.

Date of Discovery: _____ **Estimated Amount of Loss:** _____

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Cause of Loss: Employee Dishonesty <input type="checkbox"/></p> <p style="padding-left: 20px;">Funds Transfer <input type="checkbox"/></p> <p style="padding-left: 20px;">ID Theft <input type="checkbox"/></p> <p style="padding-left: 20px;">Client Property <input type="checkbox"/></p> <p style="padding-left: 20px;">ERISA <input type="checkbox"/></p> <p style="padding-left: 20px;">Other <input type="checkbox"/></p> | <p>Computer Fraud <input type="checkbox"/></p> <p>Robbery/Burglary <input type="checkbox"/></p> <p>Forgery <input type="checkbox"/></p> <p>In Transit <input type="checkbox"/></p> <p>Credit Card Forgery <input type="checkbox"/></p> <p>If Other, describe: _____</p> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Description of Loss: _____

Entity Contact Person: _____ **Title:** _____

Phone:(____) _____ - _____ **Extension:** _____

Email: _____

Completed By: (Name and Position)			Phone Number:			Completion Date:		