RISK MANAGEMENT
RISK FINANCE AND INSURANCE SERVICES
333 S. Beaudry Ave.
Los Angeles, CA 90017

Builder's Risk

Direct Claim Reporting Information

LAUSD OCIP V

Email: ocip@lausd.net

BUILDERS RISK INCIDENT REPORT FORM

OWNER CONTROLLED INSURANCE PROGRAM (OCIP)

PERSON REPORTING INCIDENT

First Name : **Last Name :**

Email Address : **Phone Number :**

Job Title/ Position :

Project/Site Location :

INCIDENT INFORMATION

Type of Incident : ☐ Fire ☐ Theft ☐ Vandalism ☐ Weather ☐ Other

If weather or other was selected, briefly describe the incident:

Location of Incident (Address) :

Date of Incident : **Time of Incident :**

Do you estimate damages to exceed $50,000? ☐ Yes ☐ No

Were any third parties involved in this incident? ☐ Yes ☐ No

If applicable, list the information of the third parties involved in the incident:

Name	Email	Phone Number

Description of Incident :

Include pictures, police reports, repair/cost estimates, and other relevant documents that are regarding this incident report (attach via email). **Yes, I have included all relevant documents** ☐

Email completed form to: *ocip@lausd.net*