



# MVCS iPad THEFT REPORT

I, \_\_\_\_\_, affirm that:

1. This is my barcode # \_\_\_\_\_

2. My address is \_\_\_\_\_

3. Date of Incident: \_\_\_/\_\_\_/\_\_\_ Location of Incident: \_\_\_\_\_

Description of Incident: (What happened?) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Police Department that was notified: \_\_\_\_\_

Date of police report: \_\_\_\_\_

Who filed the report: \_\_\_\_\_  Police report is attached

5. Do you have secondary property insurance?  Yes  No

Name of insurance company providing this insurance \_\_\_\_\_

Have they been notified?  Yes  No

Payment received from secondary insurance? \$ \_\_\_\_\_

6. If you receive payment from another source, such as another insurance policy, that amount will be deducted from the amount that Monte Vista Christian School will pay toward the loss.

By signing, I agree that the above statements are true and correct to the best of my knowledge.

Print Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Parent Contact #: \_\_\_\_\_

Claims Information: Laura Kusanovich [LauraKusanovich@mvcs.org](mailto:LauraKusanovich@mvcs.org)

Claims Department: (831) 722-8178 ext. 163