

RISK MANAGEMENT – PROPERTY INSURANCE CLAIM FORM

INSTRUCTIONS:

All claims will be processed for the lesser of depreciated cost or replacement cost. Please purchase replacement equipment or complete necessary repairs before filing a claim. Then, complete all sections below and attach appropriate documentation (i.e. original and replacement invoices, repair invoices and police report, if applicable).

Submit form and documentation to:

Enterprise Risk Management
108 Bricker Hall
190 N. Oval Mall
Columbus OH 43210

Phone: 247-8840
Fax: 292-2820
Email: Reissland.1@osu.edu

A separate claim form must be filed for each occurrence.

Office submitting claim: _____

Office address: _____

Contact person: _____ Phone: _____

Department Account to be Credited (Chartfields) _____ - _____ - 64404

Reimbursement Requested: \$ _____ - Deductible: \$10,000.00 = Reimbursement _____

Claim Information

The Unit/Department agrees to cooperate with Enterprise Risk Management in investigating the cause of the event and the subsequent damage claim. The unit/department also agrees to cooperate in implementing an ongoing program of loss control and will allow a review and monitoring such programs undertaken to manage its exposures.

Type of Occurrence/Event:

Theft Fire Lightning Flood Wind Other _____

Occurrence Date: _____ **Date Reported:** _____ **Occurrence Location:** _____

Description of Claimed Event: (Must attach a police report, invoices, and other supporting documentation)

Financial Summary: (Please Use Excel Spreadsheet Supplied on Line)

Notice: Any person who knowingly and with intent to defraud any Insurance Company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Authorizing Signature _____ Date _____

Vice President Signature _____ Date _____