

**RISK MANAGEMENT- PROPERTY INSURANCE CLAIM FORM**

**INSTRUCTIONS:**

Complete all sections below and attach appropriate documentation (i.e. original and replacement invoices, repair invoices and police reports, if applicable).

Submit form and documentation to:

Risk Management- Kevin Thedans  
HMMT

Phone: 496-1937  
Email: kjthedans@purdue.edu

A separate claim form must be filed for each occurrence.

Department submitting claim: \_\_\_\_\_

Building: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Business Manager: \_\_\_\_\_

Account to Reimburse: Fund \_\_\_\_\_ Cost Center \_\_\_\_\_ SIO/RIO \_\_\_\_\_ GL \_\_\_\_\_

Estimated Claim Amount: \_\_\_\_\_ - Deductible: \$ \_\_\_\_\_ = Total: \_\_\_\_\_

**Claim Information**

The Department agrees to cooperate with Risk Management in investigating the cause of the event and the subsequent claim.

**Type of Occurrence/Event:**

Theft  Fire  Lightning  Flood  Wind  Other \_\_\_\_\_

**Occurrence Date:** \_\_\_\_\_ **Occurrence Location:** \_\_\_\_\_

**Description of Claimed Event:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Description of equipment or other lost or damaged items. Please include manufacturer name and model number:**

\_\_\_\_\_  
\_\_\_\_\_

- Upon receipt of this claim, the Risk Management office will issue a claim number to the contact person identified above.
- When seeking reimbursement you will need to submit documentation (i.e. replacement invoices, repair invoices, packing slip, if applicable).
- Two or more quotes are required for repairs/replacement greater than \$10,000.

