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:
Office of Risk Management-Tiffany Utermark Phone: 494-6134
PTCA Email: tutermar@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:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

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.