

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
Fax: 765-496-1338

Phone: 765-494-6134
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.