



# Cleveland State University

## INSURANCE PROPERTY CLAIM FORM

### LOSS OF UNIVERSITY EQUIPMENT

DATE OF LOSS: \_\_\_\_\_

TODAY'S DATE \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ PHONE/FAX# \_\_\_\_\_

DEPARTMENT ACCOUNT FOR REIMBURSEMENT \_\_\_\_\_

Provide the name of person who can be contacted regarding the incident, and who will be responsible for processing at the department level.

Loss Location (Building & Room Number/Area) \_\_\_\_\_

Brief Description of Incident Circumstances: (Please attach photographs of damaged equipment and/or damaged area or forward electronically to Thomas K. Somerville, Insurance Administration Consultant at [bsafe@wowway.com](mailto:bsafe@wowway.com)):

Police Report # \_\_\_\_\_ Officer \_\_\_\_\_

Upon discovery, if other than University Police, who was notified?:

Name: \_\_\_\_\_

Telephone \_\_\_\_\_

CLEVELAND STATE UNIVERSITY  
INSURANCE PROPERTY CLAIM FORM (CON'T)

Provide a description of the equipment lost and/or damaged. Please include manufacturer name and model/serial number, if known, and CSU Property Control Inventory Number, if applicable.

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If not enough space above, you may attach information on a separate paper, and note here \_\_\_\_\_

**ATTACH** copies of original purchase order or invoice for the equipment, and two (2) itemized copies of replacement quotations.

Estimated Amount of Loss: \_\_\_\_\_

If claim requires in-house work by Facilities (repair, cleanup, etc...), please provide the  
Facilities Management Service Request

Number \_\_\_\_\_

COMMENTS:

REPORT PREPARED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
(SIGNATURE)

Return completed form to:  
Tom Somerville, Insurance Administration Consultant  
Phone: 216-570-3150 Email: bsafe@wowway.com