



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: tsomerv14@gmail.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.

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:
Thomas K. Somerville, Insurance Administration
Consultant
Phone: 216-570-3150
Email: tsomerv14@gmail.com