



Self-Insurance Claim Form

Claimant Information:

Department _____
Contact Name _____
Contact Title _____
Contact Phone # _____ **Contact email** _____

Description of Loss:

Brief Description of Item Lost or Stolen _____

Asset ID Number _____ **Serial Number** _____

Date of Original Purchase _____

Brief Description of Damage to be Repaired _____

Brief Description of why this item should be repaired or replaced _____

Was Confidential / Sensitive / Personal information compromised in this incident?

Was the Item Lost or Damaged owned by the University? Yes / No / Unknown

Was the Item Lost or Damaged paid for by a Research Grant? Yes / No / Unknown

What is the estimated Cost to replace the item? \$ _____

Include estimate, Purchase Order, etc... if available

For Risk Management Department Use Only

Claim Number _____

Claim Approved? _____ **Yes / No**

Value Approved: _____

Explanation _____

Authorized Signature _____

Procedure

Upon discovery of the loss, The Department requesting the repair or replacement should

1. Take action to minimize the loss immediately (i.e. contacting Physical Plant to fix a leak or secure the premises, move any salvageable assets to a safe, secure location, etc... if appropriate)
2. Contact Security Services and file a report (if necessary)
3. Identify the cost of the repair or replacement required,
4. Complete a Self-Insurance Claim Form, and
5. Submit the form to the Director of Risk Management

The Director of Risk Management will evaluate the form in compliance with the University's *Self-Insurance Policy* and inform The Department whether the claim has been approved of denied in a timely manner.

If the claim is approved, The Department should arrange for the purchase of the goods and / or services required, and provide the Purchase Order or Invoice to the Director of Risk Management for Approval, prior to its submission to Financial Services.