

Property Loss/Damage Claim Report

School Department / Building Name	
Street Address of Incident	
Other location details (Room Number Etc.)	
Claim Contact Name and Phone Number	Name: _____ Ph.No. () _____ - _____
Claim Contact Email Address	
Date and Proximate time of loss	_____ / _____ / _____ (MM/DD/YY) _____ : _____ AM / PM
Is this the First Report of Loss?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
• If not, date first submitted	_____ / _____ / _____ (MM/DD/YY)

Cause of Loss

(Mark all that apply)

Fire and/or smoke	<input type="checkbox"/>	Roof leak	<input type="checkbox"/>	Theft or vandalism	<input type="checkbox"/>
Lighting	<input type="checkbox"/>	Pipe leakage	<input type="checkbox"/>	Transit / during shipment	<input type="checkbox"/>
Wind	<input type="checkbox"/>	Backup of sewers or drains	<input type="checkbox"/>	Vehicle	<input type="checkbox"/>
Flood	<input type="checkbox"/>	Underground seepage	<input type="checkbox"/>	Utility interruption	<input type="checkbox"/>
Explosion	<input type="checkbox"/>	Escaped fluids	<input type="checkbox"/>	Electrical failure or disturbance	<input type="checkbox"/>
Earth movement, settlement, cracking	<input type="checkbox"/>	Mechanical breakdown	<input type="checkbox"/>	Spoilage	<input type="checkbox"/>
Hazardous materials release/contamination	<input type="checkbox"/>	Computer virus or cyber-attack/threat	<input type="checkbox"/>	Other (provide explanation below)	<input type="checkbox"/>

Other / Notes:

II. Property Loss Details

Describe the property lost/damaged and the causation in detail (narrative)

Estimated Dollar Value of Loss	\$
Comments:	

List all witness names and contact information	
Witness Names	Contact Information
	Address: _____ City _____ St _____ Zip _____ PH No.: () _____ - _____ Email: _____ @ _____
	Address: _____ City _____ St _____ Zip _____ PH No.: () _____ - _____ Email: _____ @ _____
	Address: _____ City _____ St _____ Zip _____ PH No.: () _____ - _____ Email: _____ @ _____
	Address: _____ City _____ St _____ Zip _____ PH No.: () _____ - _____ Email: _____ @ _____

	YES	NO
1) Did you take measures to protect the property from further damage?		
2) Can the damaged property be salvaged in any way to minimize ultimate loss?		
3) Was the Facilities Management office contacted to inspect and repair the loss? If not, who?		
4) Did the police, fire or any other agency/utility respond to the loss event? If so, provide a copy of the official report.		
5) What is the current estimate of how long it will take to repair?		
6) Estimated time that the department/school/unit operations will be materially impaired as a result of the loss event?		
7) Did or will your department experience any significant lost revenues or increased expenses associated with the loss (outside of direct damage to the property)?		
8) Was there an outside, non-LU, party(s) responsible for the loss? If so, provide name and address, describe in detail how the party is potentially responsible.		
9) Is there a contract with the responsible party? If so, provide a copy of the contract.		
10) Was any of LU's proprietary/confidential data or other protected personal information lost or compromised in this event?		

Use this section to provide more detail or comments to the questions asked above.
1)
2)
3)
4)
5)

6)
7)
8)
9)
10)

III. Financial Impact Statement - Request for Reimbursement

Summarize the direct and indirect loss expenses incurred by the effected department as a result of the loss/damage event. Vendor invoices and other supporting materials ad records documenting actual financial impact must be provided in the final report to (not necessary for the first notice of the event). Us the table template below or attach a similar spreadsheet to itemize the submittal. Where possible, please cluster expense line items according to direct damages, OT payroll/wages, lost revenues, and incurred extra expenses.

	Quote/Invoice	Vendor Name	Description of Product or Service (be specific)	\$ Cost
Item 1				
Item 2				
Item 3				
Item 4				
Item 5				
Item 6				
Item 7				
Item 8				
Item 9				
Item 10				
			TOTAL	

Is this report the final submittal expected on this loss matter? ☐ Yes / ☐ No

If yes, what is the total value of damages you are seeking reimbursement for?	\$
Less Deductible (\$25,000 Property, \$500 Auto, \$1,000 Fine Art) - Enter the correct deductible amount for calculation.	\$
Reimbursement Requested (perform calculations to determine)	\$
This form must be submitted even if the deductible has not been met in order to document request for funds to replace lost property and or equipment.	

Report Submitted by:

Date:_____