

OFFICE OF THE TREASURER

Property Loss/Damage Claim Report

- 1. Use this form to first report potential or actual loss or damage of University-owned property to Risk Management. Resubmit updated form as additional information is obtained;
- 2. Each department must complete this form as soon as they are made aware of an incident; inaccurate or incomplete reports will slow the recovery and reimbursement process; failure to provide timely notification or supply required documentation and cooperate with the University's loss adjustment personnel may jeopardize potential recovery for the University and your department;
- 3. Please attach other pertinent information that will facilitate claim processing i.e. photos, estimates of damage, inventory of damaged/missing items, copies of estimates, copies of the bills/invoices for repairs/replacement, and proof of payment;

Street Address of Incident:
School | Dept | Building Name:

 Applicable loss sharing/deductibles will be assessed against the total reimbursement for each incident in accordance with Columbia's Property Loss/Damage Reporting and Reimbursement Policy (available from <u>Administrative Policy Library</u>).

Other details of exact location:							
Department Head Name:							
Claim Contact Name:							
Claim Contact Phone Number:			(212) 000-0000				
Claim Contact Email Address:			@columbia.edu				
Date & proximate time of loss:			mm/dd/2010 – 00:00 AM/PM				
Is this	s the first report of loss	?	YES NO If no, date of last submittal:				
	CAUSE OF LOSS (mark all that apply)						
	Fire and/or smoke		Roof leak	in air aiat appi		Theft or vandalism	
	Lightning		Pipe leakage			Transit / during shipment	
	Wind		Backup of sev drains	wers or		Vehicle	
	Flood		Underground	seepage		Utility interruption	
	Explosion		Escaped fluid	s		Electrical failure or disturbance	
	Earth movement, settling, or cracking		Mechanical b	reakdown		Spoilage	
	Hazardous materials release / contamination		Computer vir			Other (provide explanation below)	
	Other / Notes:						



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1. Describe the property lost/damaged and the causation in detail (narrative of circumstances surrounding event):								
2. Estimate Dollar Value of the Loss Approximate value to repair and/or replace damage property with like kind and quality.	\$0.00							
Comments:								
3. List all witness names and contact information (including contractors and	List all witness names and contact information (including contractors and CU employees working near the location):							
		YES	No					
4. Did you take measures to protect the property from further damage	e? How?							
Comments:								
5. Can the damaged property be salvaged in any way to minimize the	ultimate loss?							
Comments:								
6. Was the Facilities Dept contacted to inspect and repair the loss? It	f not, who?							
Comments:								
7. Did the police, fire or other agency/utility respond to the loss even copy of official report.	t? If so, provide a							
Comments:								
8. What is the current estimate of how long it will take to repair?								
9. Estimated time that department/school/unit operations will be mate as a result of the loss event?	erially impaired							
10. Did or will your department experience any significant lost revenuexpenses associated with the loss (outside of the direct damage to								
If so, what is your estimate of the cost of the interruption?		\$						
Comments:								
11. Was there an outside, non-Columbia party(s) responsible for the loprovide name and address, describe in detail how party is potential								
12. Is there a contract with the responsible party? If so, provide copy								
13. Was any of Columbia University's proprietary/confidential data or personal information lost or compromised in this event?								
Comments:								



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<u>Financial Impact Statement – Request for Reimbursement</u>

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 and records documenting actual financial impact must be provided in the final report (not necessary for first notice of event). Use 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 revenue, and incurred extra expenses.

QUOTE / INVOICE	VENDOR NAME	DESCRIPTION OF PRODUCT OR SERVICE (be specific)	Cost					
		TOTAL:						
		IOIAL						
Is this report is the final submittal expected on this loss matter? YES NO								
If yes, what is the total value of damages you are seeking reimbursement for? \$0.0								
ii yes, wiia	\$0.00 \$0.00							
		Less \$2,500 deductible?	φ0.00					
What ARC ChartString do you want eligible reimbursement amounts credited to? [Restricted funds and capital projects are not eligible for direct reimbursement funding]								
Report sub	mitted by:	Date:						