

**PROPERTY DAMAGE REPORT
Case Western Reserve University**

Name of Building(where incident occurred- including Room and Floor Number)

Type of occurrence leading to claim:

Theft Other:
Flood
Fire
Vandalism

Date and Time of Occurrence:

Date (mm/dd/yyyy) Time AM/PM

Security Contacted YES NO N/A

Security Report Received YES NO N/A

Office/Department Submitting Claim:

Contact Person

Phone

Full Description of Loss

3rd Party Involvement "***** [GU*****"PQ"
If Yes , please explain in detail

Action taken to Resolve issue from future claims

Work Orders or Contractors Hired to Perform Repairs (attach additional list if needed):

Case Work Order Number(s)

Contractor Contact Name

Contractor Company Name

Contractor Phone Number

Financial Summary:

Estimated Cost \$

Actual Cost \$

Journal Entry Needed

YES NO N/A

Date CWRU Risk Management Contacted

Insurance Speedtype No. Contact Risk Mgmt(lmc4)

Acct. No. 543600 = (Material or Labor Costs) OR

543700 = (In-House Work Orders)

Claim No.: (RECEIVE FROM RISK MANAGEMENT)

All insurance claims require backup documentation (i.e. proposals, invoices, work orders, emails, etc).