

PROPERTY LOSS REPORT

OFFICE OF RISK MANAGEMENT
300 Science Park Road Suite 213, State College, PA 16803
email: psuclaims@psu.edu

Guidelines for Reporting Property Losses

- **Notify** - make sure all appropriate University departments are notified (i.e. Police Services, Environmental Health & Safety (EH&S), OPP, etc.)
- **Protect** - assure all University and Non-University property is protected from further damage and make temporary repairs as necessary
- **Mitigate** - minimize the financial impact to your department or college by using alternate space and existing, workable equipment and supplies
- **Document** - start collecting all information necessary to support the department's or college's property loss

Please complete the "Property Loss Report" and return to the Risk Management Office. Take photographs, if possible, prior to the removal of any debris. The photographs should accompany the loss report. Digital photographs may be emailed to psuclaims@psu.edu.

Separate damaged from undamaged property. **DO NOT THROW ANYTHING OUT.** Secure damaged property in a safe area.

Retain all invoices, time sheets, etc., to ensure that all costs are captured and are attributable to the loss, and to prevent an overlapping of normal costs with these expenditures. Contact appropriate manufacturer services representative if necessary.

Retain any piece of equipment or other property, which may be the cause of the loss.

If you have any questions, please do not hesitate to contact the Claims Specialist in the Risk Management Office at psuclaims@psu.edu

PROPERTY LOSS REPORT

This form must be completed in its entirety and returned to the Office of Risk Management
300 Science Park Rd. Suite 213, State College PA 16803 email:psuclaims@psu.edu

Department/College: _____ Date of Loss: _____ Time of Loss: _____

Contact Person: _____

Phone: _____

Email: _____

Description of Incident:

Nature of Loss:

Select Nature of Loss: _____

If Other, please specify: _____

Notifications:

Police Services: ☐ Incident #: _____ EH&S: ☐ Name: _____

OPP: ☐ Work Order #: _____ Name: _____

Location:

Building: _____ Floor(s): _____ Rooms/Offices: _____

Address: _____

3rd Party Information:

In the event the damage was caused by an outside 3rd party, please obtain the following information:

Name/Company: _____ Phone: _____

Address: _____ Email: _____

Insurance Carrier: _____ Policy #: _____

Please forward photographs along with this report. Photographs should be emailed to psuclaims@psu.edu.

*****All losses are subject to a deductible*****

Submitter Information:

Name: _____

Signature: _____

Phone: _____

Email: _____