

FACULTY AND STAFF PERSONAL PROPERTY DAMAGE/THEFT CLAIM FORM

In order for an employee's personally owned items to be eligible for property insurance coverage through the University, the items must be:

- (1) Considered essential to the employee's Boston University job duties
- (2) Damaged or stolen while on University premises

**PLEASE READ THE PROCEDURES BELOW CAREFULLY
PROVIDE INFORMATION REQUESTED ON THE REVERSE SIDE OF THIS FORM**

PROCEDURES

1. The employee should fill in the information requested on the reverse side of this form. The form must be signed by the employee and his/her supervisor, then forwarded along with any other relevant materials or information, such as receipts that may help establish the value of an item, to Risk Management **within 24 hours** of the loss. Each person signing this form should retain a copy for his/her files.
2. Employee should not throw out the damaged property until Risk Management has had an opportunity to inspect it, if necessary. If there is a need to dispose of perishable items or make arrangements for temporary storage of damaged property, please notify Risk Management at the time the claim is first reported.
3. If a claim is accepted, the employee will need to sign a release. Before an employee is reimbursed for the damages, Risk Management will take possession of the property.

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Employee Information (Please type or print clearly)

Name _____ I.D. # _____

Department _____

Mailing Address _____
Street _____

Room Number _____ Telephone Number _____

Description of Incident - Damage/Loss Information

Date of Incident _____ Time _____ am ____ pm _

Location _____

Description and cause of incident

| <u>Property Damaged</u> | <u>Estimated Value</u> |
|-------------------------|------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Employee's Signature _____ Date: _____

Supervisor Information

Name: _____ Position: _____

Telephone No.: _____ Date Notified: _____

Supervisor's Signature _____ Date _____

REMINDER: This form should be sent to Risk Management, 25 Buick Street, Room 130.
(*Please note: Completing this form does not guarantee reimbursement.)