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

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
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Property Damaged

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<th>Property Damaged</th>
<th>Estimated Value</th>
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Employee’s Signature ________________________ Date: __________________

Supervisor Information

Name: __________________________ Position: ________________
Telephone No.: __________________________ Date Notified: ________________

Supervisor’s Signature __________________________ Date ________________

REMINDER: This form should be sent to Office of Risk Management, 25 Buick Street, Room 330. (*Please note: Completing this form does not guarantee reimbursement.)