

Property Damage Claim Form

IMPORTANT Before submitting a department property loss / damage claim form, please read the procedures posted on the Office of Risk Management [website](#).

- Submission of this form does not guarantee reimbursement
- Each claim is subject to a \$5,000 deductible

Department Information

Department Name _____

Department Contact _____

Signature _____ Date _____

Description of Incident - Damage Inventory

Date of Incident (MM/DD/YY) _____ Time _____ am pm

Specific location where loss occurred

Detailed description of the loss

Asset ID	Item Description	Cost to Repair or Replace

If a 3rd party was involved in this loss, please provide their name and contact information

Submit this form to the Office of Risk Management at riskhelp@bu.edu