

# Proof of Loss

**THIS FORM MUST BE COMPLETED IN ITS ENTIRETY AND RETURNED TO RISK MANAGEMENT SERVICES WITHIN ONE YEAR FROM THE DATE OF LOSS FOR LOSS OR DAMAGE TO UNIVERSITY OF MICHIGAN OWNED PROPERTY.**

Department Name		Department Identification #	
Location of Loss			
Date of Loss	Time <input type="checkbox"/> am <input type="checkbox"/> pm	Security/Police Report #	Name of Agency
Plant WO # (If this is a direct charge to Risk Management Services)			
Description of Incident			

<b>NATURE OF LOSS</b> (choose one)	<b>EMPLOYEE DISHONESTY</b> (\$1,000 Deductible Per Occurrence) Name of Employee _____	<b>PROPERTY DAMAGE</b> (No Deductible) <input type="checkbox"/> Wind <input type="checkbox"/> Water <input type="checkbox"/> Fire <input type="checkbox"/> Other (specify) _____	<b>THEFT OF PROPERTY</b> (\$1,000 Deductible Per Occurrence) Date Loss Discovered _____

A COPY OF THE PAID INVOICE OR STATEMENT OF ACCOUNT MUST BE SUBMITTED TO DOCUMENT THE COST TO REPAIR/REPLACE CLAIMED ITEM(S). IF THE ITEM(S) MUST BE REPLACED, ANY SALVAGE WILL BE DUE TO RISK MANAGEMENT. CONTACT YOUR CLAIMS REPRESENTATIVE FOR DETAILS. IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH A SUPPLEMENTAL SHEET TO FORM.

<b>REPLACEMENT COVERAGE</b> Like, Kind, and Quality	Damaged Item (description/make)	Serial Number	University Identification #	Value	
	_____	_____	_____	_____	
	_____	_____	_____	_____	
	_____	_____	_____	_____	
				Total Claimed	_____
	Replacement Item	Serial Number	University Identification #	Cost	
_____	_____	_____	_____		
_____	_____	_____	_____		
_____	_____	_____	_____		
			Total Claimed	_____	

<b>REPAIR COVERAGE</b>	Description/Model	Serial Number	University Identification #	Cost
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
			Total Claimed	_____

**I CERTIFY THAT THESE LOSSES WERE SUSTAINED AS A RESULT OF THE INCIDENT DESCRIBED AND THAT THIS INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.**

Signature	Title	Date Signed	Phone	
<b>REIMBURSEMENT TO</b>	Department Name	Campus Address		Campus Zip
	Attention		Phone	