

University of Michigan  
 Risk Management Services  
 Phone: (734) 764-2200  
 Fax: (734) 763-2043  
 Submit Claim to Email: Riskmgmt.Claims@umich.edu

# PROOF OF LOSS

Argus II Building  
 400 South Fourth Street  
 Ann Arbor, MI 48103-4816  
 WebSite <http://www.umich.edu/~riskmgmt>

*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 ID # \_\_\_\_\_

**Location of Loss:** \_\_\_\_\_

Date of Loss: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM Security/Police Report #: \_\_\_\_\_  
 Name of Agency: \_\_\_\_\_

*If this is a direct charge to Risk Management Services, please provide Plant W.O. #* \_\_\_\_\_

Description of Incident: \_\_\_\_\_

NATURE OF LOSS (choose one)		
<b>EMPLOYEE DISHONESTY</b> (\$1000 Deductible per occurrence) Name of Employee _____	<b>PROPERTY DAMAGE</b> (No Deductible) Nature of Loss Wind <input type="checkbox"/> Water <input type="checkbox"/> Fire <input type="checkbox"/> Other <input type="checkbox"/>	<b>THEFT OF PROPERTY</b> (\$1000 Deductible per occurrence) Date Loss Discovered _____ (Specify)

**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.**

REPLACEMENT COVERAGE - Like Kind & Quality			
DAMAGED ITEM - DESCRIPTION/MAKE	SERIAL NUMBER	UNIV. ID NUMBER	VALUE
REPLACEMENT ITEM			COST
<b>TOTAL CLAIMED:</b>			

REPAIR COVERAGE			
DESCRIPTION/MODEL	SERIAL NUMBER	UNIV. ID NUMBER	COST
<b>TOTAL CLAIMED:</b>			

**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.**



Title \_\_\_\_\_ Phone \_\_\_\_\_  
 Signature: \_\_\_\_\_

**Reimbursement to:** Department Name: \_\_\_\_\_  
 (PLEASE PRINT) Campus Address \_\_\_\_\_ Campus Zip \_\_\_\_\_  
 Attention To: \_\_\_\_\_ Phone \_\_\_\_\_