

MICHIGAN STATE
U N I V E R S I T Y

MSU PROPERTY LOSS REPORT

Office of Risk Management & Insurance
Olds Hall
408 W. Circle Drive Rm 113
East Lansing, MI 48824
Phone (517) 355-5022
Fax (517) 432-3854
E-mail: riskmgmt@msu.edu

This form is to be completed in its entirety and forwarded to the MSU Office of Risk Management and Insurance as soon as possible. Claims not submitted within 90 days of the loss become the financial responsibility of the department. Attach a copy of the paid invoice or purchase order to document original cost and cost to repair or replace.

MSU Department/College: _____

Contact Person: _____ Phone #: _____ FAX #: _____

Email _____ Date of Loss: _____

Location of Loss: Building & Room #s: _____

Name of Police Agency: _____ Police Report Number: _____

Nature of Loss: Fire Water Theft Vandalism
 Other (describe): _____

Describe How Loss Occurred: _____

Equipment/Property Description Include Brand & Model number	MSU Inventory Number	Nature of Damage	Original Cost	Estimated Cost to repair or replace

(EQUIPMENT/PROPERTY LIST CAN BE CONTINUED ON NEXT PAGE)

After loss occurred – what steps were taken to protect/salvage the property? _____

Was the MSU Physical Plant Department Notified? _____ Physical Plant JOB # (if available): _____

Physical Plant Contact Person: _____ Phone #: _____

Additional Comments: _____

Signature of Department/College Administrator: _____ Date: _____

CONTINUED ITEMIZATION OF DAMAGED EQUIPMENT/PROPERTY

Equipment/Property Description Include Brand & Model number	MSU Inventory Number	Location of Damaged Item at time of loss	Nature of Damage	Original Cost	Estimated Repair Cost