

MICHIGAN STATE
UNIVERSITY

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. In addition, photos of pre-restoration damage and any emergency construction must be attached. The photos must be identified with a date and GPS location. Additional details of the damage are required on the reverse side of this form.

MSU Department/College: _____

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

Email _____ Date of Loss: _____

Location of Loss

Building Name & Room Number(s): _____

Street Address or GPS Location: _____

Nature of Loss: Fire Water Theft Vandalism Wind
 Other _____

Describe How Loss Occurred: _____

Were the police notified? YES NO

Name of Police Agency: _____ Police Report Number: _____

Did the loss involve debris removal? YES NO

Describe the type of debris and amount in cubic yards: _____

Was Infrastructure Planning & Facilities notified? YES NO IPF Work Order #: _____

Describe any emergency protective measures taken before, during, or after the event to lessen the threats to life, public health, safety, or property damage: _____

Describe any unit operations impacted by this loss.: _____

(OVER)

DAMAGE ASSESSMENT

Equipment	Brand & Model Number	Location of Damaged Item at Time of Loss	Nature of Damage	Original Cost	Estimated Repair Cost

Property	Dimensions of Damage	Material Type Damaged	Location (street address or GPS coordinates)	Estimated Repair Cost

Signature of Department/College Administrator: _____ Date: _____