

# **Bowling Green State University Property Loss Report**

## **How to File a Claim**

To determine if a loss is covered under the program the affected area must submit the following information:

1. Bowling Green State University Property Loss Report with a detailed description of the loss and the proximate cause.
2. Copy of the purchase order, contract, or original invoice to serve as proof of ownership.
3. Copy of the estimate or invoice to show the cost of repair or replacement and in the case of replacement, the reasons why the repair of the item is not practical.
4. Photos to illustrate the exact nature of loss or damage, if available.
5. Copy of the Police Report, Fire Report, or other Incident Report(s).
6. Bowling Green State University Property Loss Summary – Request for Reimbursement Form itemizing all repair costs, purchases and services associated with the loss event.

## **Filing Deadlines**

1. Notice of loss must be provided to Risk Management within 48 hours of the occurrence.
2. This Form along with the Property Loss Summary - Request for Reimbursement must be submitted within 60 days of the loss event.
3. In no event will any loss be funded if reported later than twelve (12) months from the date of occurrence.

## **Where to Submit Information**

Risk Management  
1851 N Research Dr.  
Bowling Green, Ohio 43403  
419-372-2127 (phone)  
419-372-3135 (fax)

## Bowling Green State University Property Loss Report

Instructions	
Use this form to report loss or damage to university property or equipment in instances where a request for reimbursement is being made. The Supplemental Form - Bowling Green State University Property Loss Summary – Request for Reimbursement should also be completed within 60 days of the loss event.	
Basic Information	
Location Where Loss Occurred	Department or Area
Name of Person Discovering Loss	Telephone
Date of Loss (mm/dd/yyyy)	Time of Loss
Description of Damage	
Describe the property damaged and the extent of the damage	
Cause of Loss	
Describe how the damage occurred	
Was loss caused in whole or in part by a contractor or other third party? <input type="checkbox"/> No <input type="checkbox"/> Yes      If yes, describe:	
Were Campus Police or other authorities notified? <input type="checkbox"/> No <input type="checkbox"/> Yes	Report Number:
Estimate of Damage	
Are repairs complete? <input type="checkbox"/> No <input type="checkbox"/> Yes If no, please indicate when repairs will be complete?	
Estimated cost to repair/replace:	Work order number:
Is work being performed by an outside contractor?	

List Contractor Information:	
<b>University Department Contact</b>	
Contact Name:	Telephone:
Department:	Date of Report:

Submit completed form to:

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