

Property Loss Claim Form

JHU Contact Name:

Department:

Address:

Phone:

Date of Incident:

Incident Location:

Type of Loss:

Property Damage

Property Theft

Description of Incident:

Complete the information above and submit to Risk Management as soon as possible.

Risk Management may ask for the following to complete the review of the claim:

Copies of the Purchase Orders of Original Equipment

Purchase Orders of Replacements

Copy of Invoice for Repaired Equipment

Evaluation/Assessment Report from Vendor

Rental Agreement between JHU and Vendor (if applicable)

Police or Security Report

Pictures

**Return Completed Form To: JHU Office of Risk Management
3910 Keswick Road, Suite N-4300 Baltimore, MD 21211
Telephone: 443-997-8258 Fax: 443-997-7725**