

DEPARTMENT Claim Form

Please complete all shaded areas and email form to Insuranceoffice@brown.edu

Date of incident:

[Shaded area for date of incident]

Time of incident:

[Shaded area for time of incident]

Date Facilities Management responded (if applicable):

[Shaded area for date of response]

Location of the incident - including street address for adjuster to come out and evaluate damage:

[Shaded area for location of incident]

Areas affected or description of property damaged/stolen:

[Large shaded area for description of damage]

Description of how the incident occurred:

[Large shaded area for description of incident occurrence]

Description of resulting damage sustained to Brown's property:

[Redacted]

FM Work Order Numbers (if applicable):

[Redacted]

Estimated Value- supply original purchase orders and/invoices of items. Please attach photo of damage as well.

[Redacted]

Status of work performed.

Any attempt of salvage made? Attach quotes for repairs and/or replacement if not repairable, etc. If non-repairable, documentation from supplier must be attached stating why repair is not feasible.

[Redacted]

Any other comments:

[Redacted]

Completed by:

[Redacted]

Date submitted:

[Redacted]

Email this form and all supporting documentation to Insuranceoffice@brown.edu