

OFFICE OF THE TREASURER

## Property Loss/Damage Claim Report

1. Use this form to first report potential or actual loss or damage of University-owned property to Risk Management. Resubmit updated form as additional information is obtained;
2. Each department must complete this form as soon as they are made aware of an incident; inaccurate or incomplete reports will slow the recovery and reimbursement process; failure to provide timely notification or supply required documentation and cooperate with the University's loss adjustment personnel may jeopardize potential recovery for the University and your department;
3. Please attach other pertinent information that will facilitate claim processing i.e. photos, estimates of damage, inventory of damaged/missing items, copies of estimates, copies of the bills/invoices for repairs/replacement, and proof of payment;
4. Applicable loss sharing/deductibles will be assessed against the total reimbursement for each incident in accordance with Columbia's Property Loss/Damage Reporting and Reimbursement Policy (available from [Administrative Policy Library](#)).

|                                   |                                                                                               |
|-----------------------------------|-----------------------------------------------------------------------------------------------|
| Street Address of Incident:       |                                                                                               |
| School   Dept   Building Name:    |                                                                                               |
| Other details of exact location:  |                                                                                               |
| Department Head Name:             |                                                                                               |
| Claim Contact Name:               |                                                                                               |
| Claim Contact Phone Number:       |                                                                                               |
| Claim Contact Email Address:      |                                                                                               |
| Date & proximate time of loss:    | mm/dd/yyyy – 00:00 AM/PM                                                                      |
| Is this the first report of loss? | YES <input type="checkbox"/> NO <input type="checkbox"/> If no, date of last submittal: _____ |

| CAUSE OF LOSS                               |                          |                                       |                          |                                   |                          |
|---------------------------------------------|--------------------------|---------------------------------------|--------------------------|-----------------------------------|--------------------------|
| (mark all that apply)                       |                          |                                       |                          |                                   |                          |
| Fire and/or smoke                           | <input type="checkbox"/> | Roof leak                             | <input type="checkbox"/> | Theft or vandalism                | <input type="checkbox"/> |
| Lightning                                   | <input type="checkbox"/> | Pipe leakage                          | <input type="checkbox"/> | Transit / during shipment         | <input type="checkbox"/> |
| Wind                                        | <input type="checkbox"/> | Backup of sewers or drains            | <input type="checkbox"/> | Vehicle                           | <input type="checkbox"/> |
| Flood                                       | <input type="checkbox"/> | Underground seepage                   | <input type="checkbox"/> | Utility interruption              | <input type="checkbox"/> |
| Explosion                                   | <input type="checkbox"/> | Escaped fluids                        | <input type="checkbox"/> | Electrical failure or disturbance | <input type="checkbox"/> |
| Earth movement, settling, or cracking       | <input type="checkbox"/> | Mechanical breakdown                  | <input type="checkbox"/> | Spoilage                          | <input type="checkbox"/> |
| Hazardous materials release / contamination | <input type="checkbox"/> | Computer virus or cyber attack/threat | <input type="checkbox"/> | Other (provide explanation below) | <input type="checkbox"/> |
| <b>Other / Notes:</b>                       |                          |                                       |                          |                                   |                          |

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|                                                                                                                                                                         |                          |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Describe the property lost/damaged and the causation in detail (narrative of circumstances surrounding event):                                                       |                          |                          |
|                                                                                                                                                                         |                          |                          |
| 2. Estimate Dollar Value of the Loss<br><i>Approximate value to repair and/or replace damage property with like kind and quality.</i>                                   |                          |                          |
| Comments:                                                                                                                                                               |                          |                          |
| 3. List all witness names and contact information (including contractors and CU employees working near the location):                                                   |                          |                          |
|                                                                                                                                                                         |                          |                          |
|                                                                                                                                                                         | <b>YES</b>               | <b>NO</b>                |
| 4. Did you take measures to protect the property from further damage? How?                                                                                              | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments:                                                                                                                                                               |                          |                          |
| 5. Can the damaged property be salvaged in any way to minimize the ultimate loss?                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments:                                                                                                                                                               |                          |                          |
| 6. Was the Facilities Dept contacted to inspect and repair the loss? If not, who?                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments:                                                                                                                                                               |                          |                          |
| 7. Did the police, fire or other agency/utility respond to the loss event? If so, provide a copy of official report.                                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments:                                                                                                                                                               |                          |                          |
| 8. What is the current estimate of how long it will take to repair?                                                                                                     |                          |                          |
| 9. Estimated time that department/school/unit operations will be materially impaired as a result of the loss event?                                                     |                          |                          |
| 10. Did or will your department experience any significant lost revenues or increased expenses associated with the loss (outside of the direct damage to the property)? | <input type="checkbox"/> | <input type="checkbox"/> |
| If so, what is your estimate of the cost of the interruption?                                                                                                           |                          |                          |
| Comments:                                                                                                                                                               |                          |                          |
| 11. Was there an outside, non-Columbia party(s) responsible for the loss? If so, provide name and address, describe in detail how party is potentially responsible:     | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                                                                         |                          |                          |
| 12. Is there a contract with the responsible party? If so, provide copy of the contract.                                                                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Was any of Columbia University's proprietary/confidential data or other protected personal information lost or compromised in this event?                           | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments:                                                                                                                                                               |                          |                          |

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Financial Impact Statement – Request for Reimbursement

Summarize the direct and indirect loss expenses incurred by the effected department as a result of the loss/damage event. Vendor invoices and other supporting materials and records documenting actual financial impact must be provided in the final report (not necessary for first notice of event). Use the table template below or attach a similar spreadsheet to itemize the submittal. Where possible, please cluster expense line items according to direct damages, OT payroll/wages, lost revenue, and incurred extra expenses.

| QUOTE / INVOICE | VENDOR NAME | DESCRIPTION OF PRODUCT OR SERVICE (be specific) | COST |
|-----------------|-------------|-------------------------------------------------|------|
|                 |             |                                                 |      |
|                 |             |                                                 |      |
|                 |             |                                                 |      |
|                 |             |                                                 |      |
|                 |             |                                                 |      |
|                 |             |                                                 |      |
|                 |             |                                                 |      |
|                 |             |                                                 |      |
|                 |             |                                                 |      |
| <b>TOTAL:</b>   |             |                                                 |      |

Is this report is the final submittal expected on this loss matter?      YES       NO

If yes, what is the total value of damages you are seeking reimbursement for?  
Less \$2,500 deductible?

What ARC ChartString do you want eligible reimbursement amounts credited to?  
[Restricted funds and capital projects are not eligible for direct reimbursement funding]

Report submitted by: \_\_\_\_\_ Date: \_\_\_\_\_