Email Completed Form To riskmgmt @jhu.edu

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 in soon as possible	nformation above and submit to Risk Management as e.
Risk Management	may ask for the following to complete the review of the claim:
Copies of the Purch	ase Orders of Original Equipment
Purchase Orders of	Replacements
Copy of Invoice for	Repaired Equipment
Evaluation/Assess	ment Report from Vendor
Rental Agreement	petween JHU and Vendor (if applicable)
Police or Security R	eport
Pictures	