

Self-Insurance Claim Form

Claimant Information:

Department _____

Contact Name _____

Contact Title _____

Contact Phone # _____ Contact email _____

Description of Loss:

Brief Description of Item Lost or Stolen _____

Asset ID Number _____ Serial Number _____

Date of Original Purchase _____

Brief Description of Damage to be Repaired _____

Brief Description of why this item should be repaired or replaced _____

Was Confidential / Sensitive / Personal information compromised in this incident? If so, ensure that notification is provided IMMEDIATELY to the Information and Privacy Officer, Office of the General Counsel.

Claimant Signature _____ Date _____
<u>For Risk Management/Finance Department Use Only</u>
Claim Number _____
Claim Approved? _____ Yes / No
Value Approved: _____
Explanation _____ _____ _____ _____
Authorized Signature _____

Procedure

Upon discovery of the loss, The Department requesting the repair or replacement should:

1. Take action to minimize the loss immediately (i.e. contacting Physical Plant to fix a leak or if appropriate)
2. Contact Security Services and file a report (Fire, theft, vandalism, mysterious disappearance)
3. Identify the cost of the repair or replacement required,
4. Complete a Self-Insurance Claim Form, and
5. Submit the form to the Insurance and Risk Management department

The Insurance and Risk Management department will evaluate the form in compliance with the *Self-Insurance Policy* and inform The Department whether the claim and its requested value has been approved in whole or partly or denied in a timely manner.

If the claim is approved, The Department should arrange for the purchase of the goods and/or services required, and provide the Purchase Order or Invoice to the Insurance and Risk Management department for approval, prior to its submission to Purchasing or Accounts Payable.