

DATE REPORTED: \_\_\_\_\_

# LOSS REPORT for \_\_\_\_\_

PROPERTY     EQUIPMENT BREAKDOWN     TERRORISM

NAME OF LOCATION: \_\_\_\_\_

LOCATION CODE (if applicable): \_\_\_\_\_ BUILDING NAME: \_\_\_\_\_

ADDRESS WHERE INCIDENT OCCURRED: \_\_\_\_\_ CITY & STATE: \_\_\_\_\_

CONTACT PERSON (at location): \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ DATE/TIME of INCIDENT: \_\_\_\_\_

POLICE CONTACTED?     YES     NO    REPORT #: \_\_\_\_\_

TYPE OF LOSS:  FIRE  THEFT  LIGHTNING  HAIL  FLOOD  WIND  OTHER: \_\_\_\_\_

(OTHER PARTY INVOLVED)

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY & STATE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

DESCRIBE INJURY OR DAMAGE: \_\_\_\_\_

BRIEF DESCRIPTION OF INCIDENT INVOLVING PROPERTY DAMAGE OR INJURY AND CAUSE OF LOSS (ATTACH PHOTOS WITH REPORT, USE AN ATTACHMENT IF NEEDED):

ACTION TAKEN TO PROTECT DAMAGED PROPERTY (USE AN ATTACHEMENT IF NEEDED):

PROBABLE AMOUNT OF ENTIRE LOSS: \$ \_\_\_\_\_

WITNESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

REPORTED BY: \_\_\_\_\_ DEPARTMENT/TITLE: \_\_\_\_\_

**PLEASE SEND COMPLETED LOSS NOTICE TO:**

Elliot Young, [ecyoung@ksu.edu](mailto:ecyoung@ksu.edu)