

MICHIGAN STATE  
UNIVERSITY

**MSU PROPERTY LOSS REPORT**

Office of Risk Management & Insurance  
113 Olds Hall  
East Lansing, MI 48824  
Phone (517) 355-5022  
Fax (517) 432-3854  
E-mail [risk.management@ctrl.msu.edu](mailto:risk.management@ctrl.msu.edu)

This form is to be completed in its entirety and forwarded to the MSU Office of Risk Management and Insurance as soon as possible. Claims not submitted within 90 days of the loss become the financial responsibility of the department. Attach a copy of the paid invoice or purchase order to document original cost and cost to repair or replace.

MSU Department/College: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_ FAX #: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Loss: \_\_\_\_\_

Location of Loss: Building & Room #s: \_\_\_\_\_

Name of Police Agency: \_\_\_\_\_ Police Report Number: \_\_\_\_\_

Nature of Loss:  Fire  Water  Theft  Vandalism  
 Other (describe): \_\_\_\_\_

Describe How Loss Occurred: \_\_\_\_\_

Equipment/Property Description Include Brand & Model number	MSU Inventory Number	Nature of Damage	Original Cost	Estimated Cost to repair or replace

(EQUIPMENT/PROPERTY LIST CAN BE CONTINUED ON NEXT PAGE)

After loss occurred – what steps were taken to protect/salvage the property?

Was the MSU Physical Plant Department Notified?

Physical Plant Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_ Physical Plant JOB # (if available)

Additional Comments:

Signature of Department/College Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

CONTINUED ITEMIZATION OF DAMAGED EQUIPMENT/PROPERTY

Equipment/Property Description Include Brand & Model number	MSU Inventory Number	Location of Damaged Item at time of loss	Nature of Damage	Original Cost	Estimated Repair Cost