COLUMBIA UNIVERSITY
IN THE CITY OF NEW YORK

OFFICE OF THE TREASURER

Property Loss/Damage Claim Report

This form is used to report actual or potential loss, damage, or theft (loss incident) of University-owned property to Risk Management. To help us evaluate the incident and determine whether reimbursement or other recovery may be available, please review the following instructions before submitting.

1. Submission of this form is required as soon as a department becomes aware of a loss incident. If additional information becomes available after submission, please provide an updated form and supplemental documentation.

2. Delayed, inaccurate, or incomplete reporting will slow review and processing, and may jeopardize potential recovery for the University and your department;

3. Attach all available documentation that may assist with claim review and valuation including photos, estimates of damage, inventory of damaged/missing items, copies of estimates, copies of the bills/invoices for repairs/replacement, proof of payment, and any other relevant information.

4. Applicable loss sharing/deductibles (currently $10,000 per loss incident) will be applied in accordance with the current Property Loss/Damage Reporting and Reimbursement Policy in effect at the time the loss incident occurred

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:		
Is this the first report of loss?	YES ☐	NO ☐ If no, date of last submittal: _____

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

RISK MANAGEMENT · 615 W. 131 STREET, FLOOR 3 · NEW YORK, NY 10027
FAX: (646) 349-1379 · EMAIL: RiskManagement@columbia.edu
V-9.3.26

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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 *Approximate value to repair and/or replace damage property with like kind and quality.*	
Comments:	
3. List all witness names and contact information (including contractors and CU employees working near the location):	

	YES	NO
4. Did you take measures to protect the property from further damage? How?	☐	☐
Comments:		
5. Can the damaged property be salvaged in any way to minimize the ultimate loss?	☐	☐
Comments:		
6. Was the Facilities Dept contacted to inspect and repair the loss? If not, who?	☐	☐
Comments:		
7. Did the police, fire or other agency/utility respond to the loss event? If so, provide a copy of official report.	☐	☐
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)?	☐	☐
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:	☐	☐
12. Is there a contract with the responsible party? If so, provide copy of the contract.	☐	☐
13. Was any of Columbia University's proprietary/confidential data or other protected personal information lost or compromised in this event?	☐	☐
Comments:		

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Financial Impact Statement – Request for Reimbursement

Please Summarize the direct and indirect loss expenses incurred by the affected 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
		TOTAL:	

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 $10,000 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: _____

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