

EQUIPMENT INSURANCE POLICY
PROPERTY LOSS NOTICE

Contact Names and Addresses

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Name of Person Reporting Loss _____

Department _____

Date of Loss _____ Time of Loss _____ A.M. ____ P.M. ____

Location of Loss _____

Description of Loss _____

Loss Information

<u>Type of Equipment</u>	<u>Serial Number</u>	<u>WMU Number</u>	<u>Value</u>
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Total Loss ⇒ \$ _____

Was a Police Report done? Yes ____ No ____

If yes, write the report number _____, or please attach a copy.

Fund and Cost Center to be reimbursed _____ - _____