

SHORT TERM EQUIPMENT/CONTENTS CLAIM FORM

1. Department: _____
Contact Name: _____
Address: _____
Telephone: _____

2. Date of Occurrence: _____

3. Location of Occurrence: _____

4 Description of Incident: _____

5. Description of Equipment:

Make _____ Model _____
Serial No. _____
Value _____
Policy Number _____

6 Date equipment added to the policy _____
(Attach copy of initial request to insure this item)

**7. For theft losses, attach copy of HU Police Department Incident Report
(Needed to substantiate claim).**

8. Repair/Replacement invoices for damaged/stolen items:

Attached _____ Will forward _____

9. Dept. Billing Code: _____

10. Claim form prepared by: _____
Date _____

RETURN TO: Insurance Department – 1033 Mass. Ave., Suite 360
Tel. 496-8830 FAX # 496-0505 E-mail: mark_frazier@harvard.edu