

# Insurance Fund Claim Worksheet

## Replacement of CCSD Supplies and Inventoried Equipment

Location: \_\_\_\_\_ Location #: \_\_\_\_\_

Loss Date: \_\_\_\_\_ Police Report #: \_\_\_\_\_

Type of Loss: \_\_\_\_\_ Claim #: \_\_\_\_\_

Item Lost/Damaged - Describe (Include Make/Model/Serial #, suggested vendor, etc.)	Quantity Lost	Estimated Cost Per Item	Replacement Requested?	Approved? (Completed by RM)
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

❖ Make sure you attach a copy of the site inventory list showing the lost or damaged items.

Contact Person: \_\_\_\_\_ Submission Date: \_\_\_\_\_

Contact Phone#: \_\_\_\_\_ Claim Total: \$ \_\_\_\_\_

**Location** Cost Center: \_\_\_\_\_ Fund: \_\_\_\_\_

Functional Area: \_\_\_\_\_

Administrator's Name: \_\_\_\_\_

\_\_\_\_\_  
Administrator Signature

*BELOW SECTION FOR CLAIM ADJUSTER*

**Deductible Applied?**  Yes  No      Total \$: \_\_\_\_\_      Reimbursement: \$ \_\_\_\_\_

Claim Adjuster's Name: \_\_\_\_\_

Date Processed: \_\_\_\_\_      Claim Adjuster's Signature

## Continuation Sheet

### Insurance Fund Claim Worksheet

Claim #: \_\_\_\_\_

Item Lost/Damaged - Describe (Include Make/Model/Serial #, suggested vendor, etc.)	Quantity Lost	Estimated Cost Per Item	Replacement Requested?	Approved? (Completed by RM)
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

# Insurance Fund Claim Worksheet Completion Instructions

Please make sure that all of the information is complete before sending form to Risk and Environmental Services, Property Claims Unit.

1. All items claimed will be tracked by location and claim number. Make sure you include this information on the worksheet.
2. List each item that was lost or damaged individually unless the item is generic in nature and can be ordered in large quantities. (i.e. copy paper, text books, posters, manuals, etc.) **Always list electronics, technology equipment, and fixed assets individually and include serial numbers.**
3. The estimated cost to replace the item can be found by searching the purchasing catalogs which are available on the webpage <http://erp.ccsd.net/>.
4. If the loss is due to burglary or vandalism, a \$1,000 deductible\* will apply to the total loss amount and will be deducted from the total amount to be reimbursed to the site.

***\*If lost/damaged items were originally purchased with Federal Funds (verification required), no deductible will apply to those specific items.***

5. The Property Claims Unit will review the loss and make a determination of coverage.
6. The site will receive a memo explaining the coverage determination, whether or not a deductible will be applied and the total amount to be reimbursed, along with a copy of the claim worksheet with any notations from the claim examiner.

***If possible, the expected reimbursement date will be provided at that time.***

7. Any amount covered by the Property Claims Unit will be processed as an expense adjustment to the site's Insurance Settlement account (Account 5889000000). Funds to that account should be used to replace lost or damaged items.
8. The site will have **30 days** from the date of reimbursement to submit supplemental costs, if replacement costs exceed estimated costs.

## IMPORTANT FACTS REGARDING CCSD PROPERTY LOSS CLAIMS:

- A Police Report **MUST** be filed for all Theft or Vandalism losses. Include a complete list of items involved including serial numbers.
- Items **MUST** be listed on your site's inventory and/or fixed asset list prior to the loss.
- The claim must be filed and all necessary documentation completed within ninety (90) days of the incident. (See CCSD Regulation 3612)
- The \$1,000 deductible applies to each incident. If you are burglarized two days in a row, two separate losses will be entered and a separate deductible will apply to each.

Please review the CCSD Property Loss Claim Process by visiting:

<http://ccsd.net/departments/property-crime-and-liability/ccsd-property-loss>