



CLEVELAND STATE UNIVERSITY  
INSURANCE PROPERTY CLAIM FORM (CON'T)

Provide a description of the equipment lost

---

---

---

---

---

---

---

If claim requires in-house work by Facilities (repair, cleanup, etc...), please provide the  
Facilities Management Service Request

Number \_\_\_\_\_

COMMENTS:

REPORT PREPARED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
(SIGNATURE)

Return completed form to:

Phone: 216-  
Email: