

TO: Campus Departments with Potential Insurance Claims

FROM: The Office of Risk Management
UMBRiskManagement@umaryland.edu

**RE: HOW TO FILE A CLAIM FOR DAMAGED
UNIVERSITY PROPERTY**

Important - The State Treasurer's Office of Maryland must be notified of a potential insurance claim within 60 days of the incident. Notifications are submitted by a member of the Risk Management team.

Attached is an inventory sheet that you should use for compiling a record of damaged /destroyed items. Please make **multiple copies of the form** and **follow the instructions below:**

1. Please use **one sheet for each vendor/supplier** of a damaged item. Put the name of the vendor/manufacturer on the top of each sheet. Please be sure to include the **catalog or manufacturer's product number** for each item
2. Please include a concise description and quoted cost for each item. Indicate whether shipping is included.
3. Please include a photo of each damaged item.
4. **Please number each item, each photo, and each page.** This will assist in matching up invoices with approved inventory lists.
5. Submit the completed sheets (including signature) to the UMB Risk Management via interoffice mail, e-mail UMBRiskManagement@umaryland.edu or fax number 6-0954. Retain copies for your records.
6. Procurement rules must be followed for all insurance claim purchases! Purchases under \$5,000 can be made on the UMB Procurement Card. All purchases must be approved by UMB Risk Management. When using the procurement card for purchases related to an insurance claim, be sure to send a copy of the monthly procurement card statement to UMB Risk Management by highlighting the related charges on the statement. The department cannot be reimbursed without invoices and proof of payment. Please reference the UMB claim number, inventory page number and item number on all purchases and requisitions.

NOTE: In cases of sole sources, the requisition will need to be accompanied by a written concise justification as to why the item is only available from the specified source.

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Please keep the following in mind while proceeding with this process:

1. The State is self-insured through the State Treasurer's Office of Maryland. Coverage is for repair or replacement of damaged property, whichever is less. Replacement property must be the exact make and model of the property that was damaged or as close to the original as possible. Any cost increase due to an upgrade or change to damaged property that is being replaced will be the responsibility of the owner department. This change must be requested and approved by the campus insurance coordinator in advance of the purchase.
2. Do not order any replacement items without the prior approval from a member of the UMB Risk Management team. **The Insurance Division of the State Treasurer's Office has the sole authority to approve the purchase of replacement items.**
3. Damaged items must be inventoried by Operations & Maintenance or their designee prior to disposal; therefore, do not discard items without authorization.
NOTE: DISPOSAL OF DAMAGED CHEMICALS / BIOLOGICALS MUST BE COORDINATED WITH ENVIRONMENTAL HEALTH AND SAFETY (EHS). CONTACT THE MANAGER OF ENVIRONMENTAL PROGRAMS AT Ext. 6-7055 OR FAX A DISPOSAL REQUEST TO 6-8212.
4. Please notify UMB Risk Management by fax or e-mail when replacement items have been received and accepted.
5. All invoices should be sent to UMB Risk Management for processing at the following campus address:

**University of Maryland, Baltimore
Office of Risk Management
220 Arch Street, 14th Floor, Rm 03-143
Baltimore, MD 21201
UMBRiskManagement@umaryland.edu**

INSURANCE CLAIM INVENTORY SHEET

CLAIM # _____

DEPARTMENT: _____ CONTACT PERSON: _____

LOCATION: _____ PHONE: _____ FAX : _____

AUTHORIZED DEPARTMENT SIGNATURE: _____ ***

VENDOR /SUPPLIER: _____ PHONE: _____

List only items that were damaged /destroyed as a result of an insured incident.

NOTE: ONE PAGE FOR EACH SUPPLIER / VENDOR

	DESCRIPTION	MODEL#	QTY	EST. COST (EA)
1				
2				
3				
4				
5				
6				
7				
8				
9				

*** It is a crime under Maryland law to knowingly provide false, incomplete or misleading information regarding an insurance claim for the purposes of committing fraud. The person signing this form stipulates that the enclosed information is complete and accurate to the best of their knowledge.