Subsea/Over the Side

Claim Form

Claims should be reported to Insurance and Risk Management Services at risk@oregonstate.edu within 24 hours or as soon as practicable.

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| **Incident** **Information** | Date of Incident:  |        | Time of Incident: |        |
| Location: |        | GPS Coordinates: |        |
| Weather Conditions: |        |
| Description of Incident:       |
| List any equipment lost or damaged and its value:       |
| Describe any recovery efforts:       |
| Describe any contributing factors to the loss or damage:       |
| Were any costs/expenses incurred in effort to:[ ]  avert/minimize the physical loss or physical damage [ ]  search, rescue, or retrieve the insured equipment | Cost in USD:Cost in USD: |              |
| **Contact Information** | Principal Investigator Name: |        |
| Principal Investigator Dept: |        |
| Email Address: |        | Phone Number: |        |
| **Witness Information** | Witness Name: |        |
| Email Address: |        | Phone Number: |        |
| Witness Name: |        |
| Email Address: |        | Phone Number: |        |