Subsea/Over the Side

Claim Form

Claims should be reported to Insurance and Risk Management Services at [risk@oregonstate.edu](mailto:risk@oregonstate.edu) within 24 hours or as soon as practicable.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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: | | |  | |