



# University of California Claim Reporting Form

**Insured Name:**

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**Student Organization, Club or  
Employee Name:**

**Student Organization Contact  
Name:**

**Student Organization Contact  
Phone:**

**Student Organization Contact  
Email:**

**Policy Number:**

## CLAIMANT INFORMATION

**Claimant Name:**

**Claimant Phone:**

**Claimant Email:**

**Estimated Amount of Loss:**

**Date of Loss:**

**Location of Loss:**

**Description of Cause of Loss:**

**Initial Steps Taken to Mitigate  
Loss:**

**Type(s) and Description of  
Damage:**