



University of California Campus Connexions Claim Reporting Form

Insured Name:

Student Organization, Club or

Employee Name:

Student Organization/Club

Contact Name:

Student Organization/Club

Contact Phone:

Student Organization/Club

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: