

**Department of Risk Management
1320 South Dixie Highway, Suite 1200
Coral Gables, Florida 33146
Office: (305) 284-3163/Fax: (305) 284-3405
HURRICANE CLAIM WORKSHEET**

Department: _____ Address: _____ Campus: _____
Building: _____ Loc Code: _____ Room Number: _____ Phone Number: _____
Contact Person: _____ Cell Phone: _____ Date of Loss:

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Note: Do not discard damaged equipment until authorized by Risk Management.

	Damaged Contents Description	Serial No.	Original Costs	Repair Estimate
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Signature: _____ Date: _____

Fax to: (305) 284-3405 attn: Pilar Schuitema