



1406.1.2f - Report & Proof of Loss Form

Return to:
Risk Management Services
University of North Carolina at Chapel Hill
104 Airport Drive, Campus Box 1100
Chapel Hill, NC 27599-1100

- Today's Date:
- Department Name & Number:
- Date of Loss:
- Location of Loss:
- Type of Loss (Theft, Fire, etc.):
- Insured Item(s) Damaged/Stolen (incl. Serial Number):
- Description of Loss:
- Total Repair/Replacement Cost:
- Account Number To Be Used for Repair/Replacement:
- Name & Telephone Number of Reporting Party:

(For Risk Management Services' Use Only)

Replacement Value On Schedule:

Applicable Deductible:

Amount Reimbursed Department:

Name of Disbursing Party: Janet Hoernke