

**REPORTING PROPERTY LOSSES  
BOTH INSURED AND NON-INSURED NON-AUTOMOBILE**

District employees shall promptly report property loss to their immediate supervisor, and, as appropriate, Police Services. The site business office shall promptly inform the Chief Financial Officer when property losses of any kind occur. The term losses is meant to include, but not be limited to, loss or damage to buildings or equipment by lightning, windstorm, rain or hail, explosion, fire, smoke, vehicle (including injury), aircraft, vandalism, theft or disappearance.

Any loss resulting from breaking into and entering buildings or from mysterious disappearance is to be promptly reported to the appropriate law enforcement agency and is to be reported on the appropriate form to the Chief Financial Officer with a copy of the law enforcement agency investigation report.

**Facilities**

Fire or general losses, including vandalism, shall be reported on the Property Claim Form (see Exhibit A).

1. Complete Property Claim Form (Exhibit A), detailing circumstances of the loss and submit to the site business office for review. After review, the business office shall submit the property claim form with any related documents or reports to the Chief Financial Officer.
2. When losses can be repaired readily, the site shall secure emergency repairs, reporting the same as above and forward voucher payments and invoices to District Accounting staff.
3. When losses are of the magnitude to indicate bidding of the repair, processing shall be through the District purchasing department.
4. Once the property claim form is approved by the Chief Financial Officer losses are to be paid from insurance coverage or from a District reserve for this purpose.

**Equipment and Supplies**

Theft or mysterious disappearance of equipment and supplies shall be reported on the Property Claim Form (see Exhibit A).

1. Fine arts materials and other property temporarily loaned to a college may be covered for fire or theft loss if scheduled with the carrier by the District. Prior to receiving any loaned material, the receiving District employee shall complete the Schedule of Loaned Property To Be Insured form 4cd-296 (see Exhibit B) authorized by the college president or designee, and send to the Chief Financial Officer for approval.
2. The site may initiate requisitions for equipment and supplies replacement.

Public Employees, Local 1, Article 18

Contra Costa Community College District  
Chief Financial Officer  
500 Court Street  
Martinez, CA 94553

PROPERTY CLAIM FORM

**LOSS/DAMAGE LOCATION**

Site Name: \_\_\_\_\_

Site Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

**LOSS/DAMAGE DESCRIPTION**

Date of Loss: \_\_\_\_\_

Time: \_\_\_\_\_

Loss or Damage Caused by (check all that apply):

- |                                    |                                    |                                       |                                    |
|------------------------------------|------------------------------------|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Lightning | <input type="checkbox"/> Windstorm | <input type="checkbox"/> Rain/Hail    | <input type="checkbox"/> Explosion |
| <input type="checkbox"/> Fire      | <input type="checkbox"/> Smoke     | <input type="checkbox"/> Vehicle      | <input type="checkbox"/> Aircraft  |
| <input type="checkbox"/> Theft     | <input type="checkbox"/> Vandalism | <input type="checkbox"/> Other: _____ |                                    |

Detailed Description of Loss or Damage: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**INVESTIGATION REPORT (if applicable)**

Police or Fire Dept. to which reported: \_\_\_\_\_

Report No.: \_\_\_\_\_

Claim Originator: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Reviewed By: \_\_\_\_\_  
Chief Business Officer

Approved By: \_\_\_\_\_  
Chief Financial Officer

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

**Contra Costa Community College District**

**SCHEDULE OF LOANED PROPERTY TO BE INSURED**  
*Submit a separate schedule for each owner.*

It is requested that the following property on loan to the District be added to the District's property insurance policy:

	DESCRIPTION (Itemize each article)	MAKE AND MODEL	CATALOG OR SERIAL NUMBER	VALUE
1				
2				
3				
4				
5				
6				
7				

Check if Fine Arts loan

Period of loan: \_\_\_\_\_ through \_\_\_\_\_

- Loaned by (check one):
- Employee
  - Student
  - Vendor
  - Other agency, firm or individual

\_\_\_\_\_  
Signature of Loaner or Representative

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Address (Number and street, city, state, zip code)

\_\_\_\_\_  
Location

\_\_\_\_\_  
Building/room where loaned material will be located

\_\_\_\_\_  
Department

\_\_\_\_\_  
Date of request for coverage

Reviewed By

Authorized By

\_\_\_\_\_  
(Signature of Division/Department Head)

\_\_\_\_\_  
(Signature of President or Designee)

Approved By

\_\_\_\_\_  
(Signature of Chief Administrative Services Officer)