

Property/Liability Loss Notice



NOTE: If incident involves significant property damage or serious injury or fatality, please call 651-201-2594 as soon as possible.

Instructions:

1. Use this form for all property and general liability incidents. You may use your own form if it includes all the requested data.
2. Complete as much information as possible and submit within 24 hours.
3. Submit by email to claims.rmd@state.mn.us (preferred) or by fax: 651-297-7715
4. To report vehicle crash/damage incidents please see mn.gov/admin/risk

Section 1: Insured Entity

Agency/Campus: _____ Address: _____

Contact person: _____ Email: _____ Phone: _____

Section 2: Incident Information

Incident date: _____ Incident time: am pm _____

Location: (address): _____

City: _____ State: _____

Additional location details (e.g. building, room, areas): _____

Description of the incident (describe what happened just before, during, and after the incident.): _____

Section 3: Injuries (use additional sheet(s) as needed for other parties as needed.)

Was anyone injured? Yes No

Injured person name: _____ Phone: _____

Address: _____ Email: _____

Description of injury: _____

Section 4: Property Damage (to report vehicle crash/damage incidents please see mn.gov/admin/risk)

Was property damaged? Yes No

Owner name: _____ Phone: _____

Owner address: _____ Email: _____

Description of property damage: _____

Section 5: Person Completing Form

Name: _____ Phone: _____

Date completed: _____ Email: _____

Date management notified of incident: _____

[CLICK TO SUBMIT FORM BY EMAIL](#)