

# 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](mailto: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](http://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](http://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](#)