



Liability Insurance Claim

ROUTING
PRSM
MSC 3890
purchasing@nmsu.edu
Phone 646-2916

Return completed form to: NMSU Risk Management, MSC 3890 Box 30001, Las Cruces, NM 88003-8001.

SECTION 1: CLAIMANT INFORMATION

Name: _____ Phone: _____

Address: _____ E-mail Address: _____

SECTION 2: INCIDENT DETAILS

Date of Incident (mm/dd/yyyy): _____ Time of Incident: _____ AM PM

Exact location where Incident Occurred: _____

Explain the incident and who was involved (**Attach Police Reports or Supporting Documentation**):

State the full names, addresses, and phone numbers of all witnesses.

Describe what the University or its employees did to cause your damage or injury.

What remedy are you seeking from this claim?

SECTION 3: CLAIMANT SIGNATURE

Printed Name: _____ Signature: _____ Date: _____