Ohio DAS General Services Division | Office of Risk Management Service · Support · Solutions

Print Form

OPPORTUNITIES FOR OHIOANS WITH DISABILITIES
VENDOR LOSS NOTIFICATION

VENDOR INFORMATION

NAME: _____ PHONE NUMBER: _____

STREET ADDRESS: _____ CITY: _____ OHIO ZIP CODE: _____

WHERE DID THE LOSS OCCUR?

MAIN LOCATION: ☐ SATELLITE LOCATION: ☐ WAREHOUSE: ☐

FACILITY NAME & STREET ADDRESS (ACTUAL LOCATION OF LOSS): _____

MAIN FACILITY (# AND NAME): _____ FACILITY SPECIALIST: _____

MAIN FACILITY STREET ADDRESS: _____

LOSS INFORMATION

DATE OF LOSS: _____ TIME OF LOSS: _____ CAUSE OF LOSS : _____ CLAIM AMOUNT ($): _____

TYPE OF CLAIM: FOOD SPOILAGE ☐ THEFT OF MONEY ☐ THEFT OF INVENTORY ☐ OTHER ☐

DESCRIBE WHAT HAPPENED: _____

OTHER INSURANCE (If any other insurance policy is in force, the vendor must supply the following information:

Policy Number: _____ Effective Date: _____ Expiration Date: _____ Insurance Company: _____ Phone Number: _____

WITNESSES

NAME: _____ PHONE NUMBER : _____

NAME: _____ PHONE NUMBER : _____

SIGNATURE OF VENDOR _____ DATE _____

Submit completed loss notice, along with backup documentation (itemized inventory, police report, photographs, documentation of repairs, etc.) to:

OPPORTUNITIES FOR OHIOANS WITH DISABILITIES
ATTN: CHRIS HAYHURST
150 EAST CAMPUS VIEW BLVD, STE 300
COLUMBUS, OHIO 43235-4604

**** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.**