

ART LOSS REPORT FORM

EXHIBITOR

Name _____ Phone _____

Full Address _____
(Street) (City) (State)

EXHIBIT INFORMATION

Title _____ Location _____

Exhibit Dates _____ Hours Exhibit Open _____

ART WORK IDENTIFICATION

Title _____

ATTACH A COPY OF INSURANCE DOCUMENTATION IF UNIVERSITY OWNED.

Was this item for sale? _____ Yes _____ No

DESCRIPTION OF LOSS

Date of Loss _____ Hour _____ A.M.
P.M.

How was item secured in exhibit? _____

If stolen, to which enforcement agency was this reported?

_____ When? _____

ATTACH A COPY OF THE POLICE REPORT FOR VANDALISM OR THEFT.

Full description of loss (if stolen, also state time and place item was last seen before discovered missing).

GENERAL INFORMATION

Provide proof of awards, prizes, or previous sales the artist has received to substantiate value of item lost. _____

SIGNATURES

Exhibitor (if available) _____

Exhibit Director _____

DATE OF REPORT

SIGNATURE

DEPARTMENT

EXHIBITOR Send To:
UW - _____
Office of Risk Management
Attn: _____

CAMPUS Send To:
UW System Risk Management
P.O. Box 8010
Madison, WI 53708