

**FIDELITY BLANKET BOND REPORT OF LOSS
STATE INSURANCE TRUST FUND
(PLEASE PRINT OR TYPE ALL INFORMATION)**

University of Maryland _____
State Agency

Date of Loss/Discovery

3 6 0 2 2 1 3 8
APPROPRIATION CODE

40
FUND

13840
STATE WIDE SUB OBJECT

Office of Risk Management
Name of Agency Insurance Coordinator/Designee

410 706-4781
Telephone

ADDRESS _____

**DETAILED DESCRIPTION OF
INCIDENT** _____

LOCATION OF INCIDENT (BUILDING AND ADDRESS)

**NAMES OF EMPLOYEE (S) ALLEDGEDLY
INVOLVED** _____

WITNESS _____

**POLICE DEPARTMENT TO WHOM
REPORTED** _____

POLICE REPORT NUMBER _____

AMOUNT OF LOSS \$ _____

SIGNATURE OF AGENCY INSURANCE COORDINATOR OR DESIGNEE

DATE

Claims Unit-Insurance Division
State Treasurer of Maryland
Louis L. Goldstein Treasury Building
80 Calvert Street, Room 106
Annapolis, MD 21401