

New Mexico State University

LIABILITY INSURANCE CLAIM

RETURN TO: NMSU Risk Management Coordinator
Mike Abernethy
MSC 3890 Box 30001
Las Cruces, NM 88003-8001

1. Today's Date (mm/dd/yyyy): _____

2. Date of Incident (mm/dd/yyyy) : _____

3. Explain what happened and who was involved:

(Attach Police Reports or Supporting Documentation)

4. Why do you think NMSU was negligent or at fault?

5. Explain what you want from this claim:

Name: _____

SS#: _____

Address: _____

Telephone: _____

Signature: _____