

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

University of Maryland, Baltimore
State Agency

Date of Loss/Discovery

3 6 0 2 2 1 3 8

40

13840

APPROPRIATION CODE

FUND

STATE WIDE SUB OBJECT

Jeffrey L. Kiefer or Sandra Williams
Name of Agency Insurance Coordinator/Designee

410-706-7034 or 410 706-3221
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