**Attachment II**  
*Western Nevada College*  
*Automotive Physical Damage Claims with a Date of Damage (DOD)*

<table>
<thead>
<tr>
<th>Claimant __________________</th>
<th>Claim Number ______</th>
<th>Date of Damage ______</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
</table>

1. Was the date of damage after the date the vehicle was added to the State’s Automobile schedule for automotive physical damage?

2. Did Risk Management receive a claim within 90 days of the DOD?

3. Did Risk Management receive proof of loss within 180 days of DOD?

4. Was the damaged vehicle an automobile, motorcycle, truck, motor home or golf cart?

5. Was the vehicle rented under a contract other than one provided by the State purchasing program?

6. Was this damage to a rental vehicle caused by off road use, a driver not permitted to use the vehicle under the rental agreement, or other violation of the rental agreement?

7. Did the employee have a valid driver’s license?

8. Was the employee under the influence of alcohol, illegal drugs or prescription drugs with driving restrictions at the time of loss?  
   If so, did the department have internal controls in place to prevent this type of activity?

9. Are three repair estimates included in the request for payment of this claim?

10. Was the vehicle stored for more than 10 days?

11. If the vehicle was salvaged, were three salvage bids obtained?

12. Has the $300.00 deductible been collected?

13. Was a third party responsible for the loss?  
   If so, has subrogation or restitution been pursued?