PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE.

RISK MANAGEMENT & INSURANCE OR A CLAIMS REPRESENTATIVE FROM GALLAGHER BASSETT WILL FOLLOW-UP WITH YOU REGARDING THE INCIDENT.

To report a claim, please email: [tnwclaims@tnwinc.com](mailto:tnwclaims@tnwinc.com)

**CC**:

[RSK\_Mgmt@Cornell.edu](mailto:RSK_Mgmt@Cornell.edu)

[Christopher\_Huggins@gbtpa.com](mailto:Christopher_Huggins@gbtpa.com)

*Note: Any question with an asterisk (\*) is required information.*

*\*\*You can also telephonically report a claim by calling: 1-866-427-3767\*\**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Client Information | | | | | | | | | | | | |
| \*GB Client Number | | | | 000098 | | | | | | | | |
| \*Client Name | | | | Cornell University | | | | | | | | |
| VDN Reporting Number | | | | 2202298 | | | | | | | | |
| Pages (including cover) and attachments : | | | | Enter Number. | | | | | | | | |
| Date and Time | | | | | | | | | | | | |
| \*Incident Date | | | | Enter date. | | | | | | | | |
| \*Insured Notified Date | | | | Enter date. | | | | | | | | |
| Client Location | | | | | | | | | | | | |
| \*Department Code | | | | Enter Location Code. | | | | | | | | |
| \*Department Name | | | | Enter Name. | | | | | | | | |
| Street Address | | | | Enter Street Address. | | | | | | | | |
| City | Enter City. | | | \*State | | Choose State. | | | | ZIP | Enter ZIP. | |
| Phone Number | Enter phone #. | | | | | | | |  | | | |
| Submitter Information | | | | | | | | | | | | |
| Name | | | | Enter Name. | | | | | | | | |
| Title | | | | Enter Title. | | | | | | | | |
| Email Address | | | | Enter Email. | | | | | | | | |
| Phone Number | | | | Enter Phone #. | | | | | | | | |
| Incident Information | | | | | | | | | | | | |
| \* Detailed Description of Incident (Limit the description field 250 characters) | | | | Enter Description. | | | | | | | | |
|  | | | | Additional Information | | | | | |  |  | |
| CU Authority | | | | |
| Officer Name | | | | Enter Name. | | | | | | | | |
| Involved Parties *(can add as many as necessary)* | | | | | | | | | | | | |
| \*First Name | | | | Enter Name. | | | | Middle Initial | | | | Enter Initial. |
| \*Last Name | | | | Enter Name. | | | |  | | | | |
| Phone Number | | | | Enter Phone #. | | | | | | | | |
| Street Address | | | | Enter Street Address. | | | | | | | | |
| City | Enter City. | | | State | | Choose State. | | ZIP | | | | Enter ZIP. |
| Relationship to Client (employee, spouse, self, student, vendor, unknown, other) | | | | | | | | | | | | Enter text. |
| Involved Party Employer *(if applicable)* | | | | | | | | | | | | |
| Name | | | Enter Name. | | | | | | | | | |
| Work Phone | | | Enter Phone #. | | | | | | | | | |
| Occupation | | | Enter text. | | | | | | | | | |
| Involvement Type (claimant or owner; owner refers to property) | | | | | | | Enter text. | | | | | |
| Property *(if applicable)* | | | | | | | | | | | | |
| Third Party Property? | | | Choose... | | | | | | | | | |
| Describe Item(s) | | | Enter text. | | | | | | | | | |
| Damage Description | | | Enter text. | | | | | | | | | |
| Estimated Damage | | | Enter text. | | | | | | | | | |
| Notes/Additional Comments *(ie, if this is for report only)* | | | | | | | | | | | | |
| Additional Remarks | | Enter text. | | | | | | | | | | |
|  | | | | | | | | | | | | |