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

**CC**:

RSK\_Mgmt@Cornell.edu

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\*\**

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| --- |
| 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. |
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