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. | | | | | | |
| \*Department Code | | Enter Location Code. | | | | | | |
| \*Department Name | |  | | | | | | |
| \*Department Address | |  | | | | | | |
| Date and Time | | | | | | | | |
| \*Incident Date | | Enter date. | | | | | | |
| Incident Time | |  | | | | | | |
| \*Insured Notified Date | | Enter date. | | | | | | |
| City | Enter City. | \*State | Choose State. | | | ZIP | Enter ZIP. | |
|  | | Enter phone #. | |  | | |  | |
| Submitter Information | | | | | | | | |
| Name | | Enter Name. | | | | | | |
| Title | | Enter Title. | | | | | | |
| Email Address | | Enter Email. | | | | | | |
| Phone Number | | Enter Phone #. | | | | | | |
| Loss | | | | | | | | |
| Loss location name | | Enter text. | | | | | | |
| Street Address | | Enter Street Address. | | | | | | |
| City | Enter City. | \*State | Choose State. | | ZIP | | | Enter ZIP. |
| Kind of loss: Fire, Theft, Lightening, Hail, Flood, Wind, Other (explain) | |  | | | | | | |
| Estimated amount of damage | | Enter text. | | | | | | |
| \*Detailed Description of Property & Damage to Property (Limit the description field 250 characters) | | Enter text. | | | | | | |
| CUPD or EH&S Authority Name | | Enter text. | | | | | | |
| Notes/Additional Comments *(ie, if this is for report only)* | | | | | | | | |
| Additional Remarks | | Enter text. | | | | | | |
|  | | | | | | | | |