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\*\**

|  |
| --- |
| 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. |
|  |