PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE.

RISK MANAGEMENT & INSURANCE OR A CLAIMS CONTACT FROM GALLAGHER BASSETT WILL FOLLOW-UP WITH YOU ABOUT THE ACCIDENT.

Failure to complete the form below completely could result in a delay in the processing, payment or defense of a claim. General Liability insurance provides coverage for third-party claims alleging bodily injury, property damage, or personal and advertising injury. This coverage is designed to cover non-professional negligent acts. Any Contractor/vendor that wants to do business with the university is required to provide evidence of commercial general liability insurance and to name Cornell University as an additional insured.

This form is designed to report claims on behalf of Ithaca campus, WCM and Cornell Tech. If you have questions that prevent you from completing the form completely, please email Nakeschi Watkins (nnw6@cornell.edu).

To report a claim, please email: tnwclaims@tnwinc.com **CC**: **Risk\_Mgmt@Cornell.edu;** **Derek\_Fuhrmann@gbtpa.com****;** **Ed\_Marunyak@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/Cornell 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/Net ID | Enter Email. |
| Phone Number | Enter Phone #. |
| Incident Information |
| \* Detailed Description of Incident - Who/What/When/Where:(Limit the description field 250 characters) | Enter Description. |
| Witnesses/Other relevant Additional infoDate of Birth of Injured PersonInjury DescriptionsAuthorities called? Please provide information.  | 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. |
|  |