# Property Incident Reporting

**Property Damage**

The University’s property insurance covers accidental damage to Cornell’s property due to fire, flood, and theft, among other causes of loss subject to certain policy restrictions, exclusions, and a per claim retention of $1,000,000. The retention is the amount of money the university is responsible for before the insurance company will start paying on a claim.

Specialized property coverage with a low deductible is available by request. This coverage is designed to provide protection for portable property from theft or loss/damage, subject to certain terms and conditions. Please refer to the [RMI website](https://www.risk.cornell.edu/insurance/all-risk-program/) for more information or to add coverage.

**Prior To A Property Loss**

Proper documentation is essential to obtain complete reimbursement in the event of a property loss. As such, invoices and documentation of purchases should be maintained, and supply inventories updated regularly.

Departments should have someone assigned to the tasks of compiling documents related to the loss, maintaining communication with the Risk Management Department, photographing/documenting physical loss, and maintaining required recovery operations.

**Department Responsibility Following a Property Loss or Damage**

In the event of a property loss (fire, water damage, theft, etc.), gather the facts!

A. If a crime was committed, immediately notify Cornell University Police or local law enforcement; and/ or call emergency services in the case of fire and/or bodily injury.

B. Take emergency measures to protect your property from any further damage.

C. All property losses must be reported immediately to the Office of Risk Management & Insurance (RMI), and submit a completed incident reporting form within 24 hours.

A. When reporting a property claim include:

(i.) Contact person and phone number; Name of building; Date of loss; Cause of loss.

(ii.) Description of item(s) damaged (including any serial/item numbers, if applicable). Provide a detailed description of the loss and take as many photographs of the damage as possible;

(iii.) Provide an estimated amount of the loss/damage.

(iv.) Save all invoices/receipts from emergency repairs. This includes labor for protective measures, cleanup, or salvage, repair labor, materials, and all other expenses directly related to the damage.

(v.) Do not dispose or discard of damaged items without the permission of Cornell’s claim adjuster, regardless of the extent of the damage.

(vi.) Obtain two (2) repair estimates (if repairable) or two (2) replacement bids (if not repairable) and submit with property loss report and photographs. If replacement is necessary, make sure the replacement bids you submit are for an item of like kind and quality as the one damaged.

**Please Note: There is a department deductible of $500. Also, Upgrades Are Not Reimbursable! The property will be valued at the cost to replace the damaged property with the exact same or similar property at pre-loss value.**

# 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/accident. Failure to complete the form below completely could result in a delay in the processing and payment of a claim, as well as delays in repairs being reimbursed.

To report a claim, please email: [tnwclaims@tnwinc.com](mailto:tnwclaims@tnwinc.com). Be sure to copy the following parties:

* **Risk\_Mgmt@Cornell.edu**
* [**Derek\_Fuhrmann@gbtpa.com**](mailto:Derek_Fuhrmann@gbtpa.com)
* [**Ed\_Marunyak@gbtpa.com**](mailto:Ed_Marunyak@gbtpa.com)

***You can also telephonically report a claim by calling:*** [**1-866-427-3767**](mailto:Christopher_Huggins@gbtpa.com)

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

**Client Information**

|  |  |
| --- | --- |
| \*GB Client Number | 000098 |
| \*Client Name | Cornell University |
| VDN Reporting Number | 2202298 |
| Pages (*Including Cover*) and all Attachments : | Enter Number |
| \*Department Code | Enter Location Code |
| \*Department Name |  |
| \*Department Address |  |

**Date and Time**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| \*Incident Date | | Enter date as MM/DD/YYYY. | | |
| Incident Time | |  | | |
| \*Insured Notified Date | | Enter date as MM/DD/YYYY. | | |
|  | City | | State | ZIP |
|  | | |  |  |

**Submitter Information**

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| Email Address/Net ID |  |
| Phone Number |  |

**\*Loss/Damage**

Loss Location Name Street Address

City

State

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** *(i.e., if this is for report only)*

|  |  |
| --- | --- |
| Additional Remarks | Enter text. |