

University of California Claim Form Builder's Risk Loss Notice



BERKELEY • DAVIS • IRVINE • LOS ANGELES • MERCED • RIVERSIDE • SAN DIEGO • SAN FRANCISCO

SANTA BARBARA • SANTA CRUZ

RISK SERVICES

Email Loss Notice and Loss Information to Aon at:

Robert.Bergen@aon.com and Kristen.Bennett@aon.com

Questions? Please contact Campus Risk Management or Aon (Bob Bergen or Kristen Bennett) at (415) 486-7000

Campus Information:

Campus: _____ Campus Contact: _____

Address: _____
Street City State Zip

Phone #: _____ Fax #: _____ Email: _____

Project Name: _____ Project Start Date: _____

Contract #: _____ Prime Contractor: _____

Loss Information:

Date of Loss: _____ Time of Loss: _____

Address/Location of Loss: _____
Street City State Zip

Kind of Loss: Fire Flood Hail Lightning Theft Water Wind Vandalism

Other: _____

Describe How Loss Occurred: _____

Describe Property Damaged (Attach Photographs where possible): _____

Estimated Dollar Value of Property Damaged: _____

Additional Information:

Any Existing University Property Damaged: Yes No Estimated Cost of Damages: _____

Description of Property Damaged: _____

Any Injuries Resulting from Incident: Yes No If Yes, Please Explain: _____

Other Parties Involved/Witnesses: _____

Signature:

Claim Form Completed & Signed by: _____ Date: _____

Phone #: _____

AON Internal Use Only:

Builder's Risk Carrier: _____ Policy #: _____

Term: _____