

# Builder's Risk Loss Report

**Complete and submit to:**

[rachael.rutherford-crammer@alliant.com](mailto:rachael.rutherford-crammer@alliant.com) 516-414-8266

cc: Campus and OP Risk Management

## **Campus Information**

Project Name: \_\_\_\_\_

Campus (UCSD, UCSC, etc.): \_\_\_\_\_

Campus Contact (name and contact info):

\_\_\_\_\_  
\_\_\_\_\_

## **Contractor Information**

General Contractor: \_\_\_\_\_

Primary GC Contact (name and contact info):

\_\_\_\_\_  
\_\_\_\_\_

## **Loss Information**

Date of loss: \_\_\_\_\_

Address of loss: \_\_\_\_\_

Type of loss (fire, flood, hail, water, etc.): \_\_\_\_\_

Description of loss:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Description of property damage:

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Estimated value of property damage: \_\_\_\_\_

## **Additional Information**

Any existing property damage (damage to property outside the contract)? ..... Yes  No

If yes, please describe existing property damage:

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Estimated value of existing property damage: \_\_\_\_\_

Any injuries resulting from the incident? ..... Yes  No

If yes, please explain resulting injuries.

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\_\_\_\_\_  
University Representative Signature

\_\_\_\_\_  
Date