

Builder's Risk Loss Report

Complete and submit to:
Kristen.bennett@Willis.com 415 955-0247 and
Marilyn.dittman@Willis.com 415 955-0129
cc: Campus and OP Risk Management

Campus Information:

Campus: _____ Campus Contact: _____

Phone #: _____ 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

Type 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:

Completed & Signed by: _____ Date: _____
Name Title

Phone #: _____ Email: _____

Builder's Risk Carrier: _____ Policy #: _____ Term: _____