

# University of California Claim Form Builders Risk Loss Notice



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

SANTA BARBARA • SANTA CRUZ

RISK MANAGEMENT SERVICES

Form Needs to be Completed & Faxed to AON Risk Services/Campus Risk Management – FAX (312) 381-7577

Attach any pertinent documents or photographs to assist in investigating and adjusting the claim.

Questions? Please contact Campus Risk Management or Aon (Kristen Ryncarz or Mimi Lee) 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: \_\_\_\_\_