

# 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](mailto:Robert.Bergen@aon.com) and [Kristen.Bennett@aon.com](mailto: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: \_\_\_\_\_