

GENERAL LIABILITY LOSS NOTICE

Please complete form and fax or email to our Claims Department along with any attachments.

<u>INSURED INFORMATION</u>					
Named Insured:			Contact Name:		
Mailing Address:					
Email Address:			Store Number (if applicable):		
Phone: () -		Fax: () -		Other: () -	
<u>POLICY INFORMATION</u>					
Insurance Company:			Policy Number:		
Policy Period: From to					
<u>LOSS INFORMATION</u>					
Date of Loss:			Time of Loss:		
Location of Loss:					
Description of Loss / Incident:					
Authority Notified:			Report Number (if any):		
Officer's Name:			Badge Number:		
Documents Received (if any):	<input type="checkbox"/> Lawsuit	<input type="checkbox"/> Subpoena	<input type="checkbox"/> Order	<input type="checkbox"/> Other:	
<u>CLAIMANT(S)</u>					
#1	Name:			Phone: () -	
Mailing Address:					
Email Address:					
Description of Bodily Injury and/or Property Damage:					
Estimated Amount of Damages (\$):					

GENERAL LIABILITY LOSS NOTICE (continued)

#2	Name:	Phone: () -
Mailing Address:		
Email Address:		
Description of Bodily Injury and/or Property Damage:		
Estimated Amount of Damages (\$):		
<u>WITNESSES (If Available)</u>		
Name:		Contact Information:
Name:		Contact Information:
<u>ADDITIONAL REMARKS / COMMENTS</u>		
Reported by:		Date: