



**GENERAL LIABILITY INCIDENT REPORTING FORM**

<b>GENERAL INFORMATION</b>		
CALLER'S PHONE & EXTENTION NUMBER	CALLER'S NAME & TITLE	ACCIDENT STATE (WHERE OCCURRED)
INSURED NAME & ADDRESS	MAILING ADDRESS (IF DIFFERENT)	
ADDRESS WHERE LOSS OCCURRED	DATE & TIME OF LOSS	
DESCRIPTION OF LOSS		
PARENT COMPANY / INSURED'S NAME	LOCATION CODE	POLICY SYMBOL & NUMBER

<b>INJURIES</b>		
<b>WHERE THERE ANY INJURIES? IF YES, PROVIDE THE FOLLOWING INFORMATION FOR EACH INJURED PERSON:</b>		
NAME	DATE OF BIRTH	GENDER
BUSINESS PHONE NUMBER	HOME PHONE NUMBER	
ADDRESS	MEDICAL FACILITY (IF TREATMENT RECEIVED)	
DESCRIPTION OF INJURY		

<b>PROPERTY DAMAGE</b>	
IS THERE DAMAGE TO PROPERTY OF OTHERS OR BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME	BUSINESS AND / OR HOME PHONE NUMBER
ADDRESS	
DESCRIPTION OF DAMAGED PROPERTY	
LOCATION OF DAMAGED PROPERTY INCLUDING ADDRESS	
IS A WRITTEN ESTIMATE OR REPAIR / REPLACEMENT BILL FOR DAMAGE AVAILABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, AMOUNT:
WITNESSES (NAMES, ADDRESSES & PHONE NUMBERS)	
ARE THERE ANY OTHER PARTIES / SUBCONTRACTORS RESPONSIBLE FOR THE DAMAGES / INJURIES? IF YES, EXPLAIN AND IDENTIFY THE NAME AND PHONE NUMBER FOR THE RESPONSIBLE PARTY:	

<b>CONTACT INFORMATION</b>
CONTACT NAME & PHONE NUMBER, BEST TIME TO CONTACT & WHERE TO CONTACT
ATTORNEY INFORMATION (IF REPRESENTED)

**USE BACK OF THIS FORM FOR ADDITIONAL NOTES, COMMENTS & CUSTOMER INFORMATION**