

GENERAL LIABILITY LOSS REPORTING FORM



INSURANCE INFORMATION

| | | |
|---|---------------------------|---------------|
| INSURED CONTACT PHONE NUMBER | PREPARER'S TITLE AND NAME | |
| INSURED NAME AND ADDRESS | | |
| INSURED MAILING ADDRESS (IF DIFFERENT FROM ABOVE) | | |
| DID THE LOSS OCCUR AT THE LOCATION ADDRESS? (IF NO, ADDRESS WHERE LOSS OCCURRED) (CIRCLE ONE) YES / NO | | |
| PARENT COMPANY/INSURED'S NAME | LOCATION CODE | POLICY NUMBER |

LOSS INFORMATION

| |
|---|
| DATE AND TIME OF LOSS |
| FULL DESCRIPTION OF LOSS (INCLUDE WHERE IT OCCURRED AND ATTACH APPLICABLE PHOTOS) |

INJURIES

| | |
|---|-----------------------|
| WERE THERE ANY INJURIES? (CIRCLE ONE) YES / NO IF YES, PROVIDE THE FOLLOWING INFORMATION FOR EACH INJURED PERSON. IF NEEDED, USE MULTIPLE COPIES OF THIS FORM AND SUBMIT THEM JOINTLY. | |
| NAME | |
| BUSINESS PHONE NUMBER | PERSONAL PHONE NUMBER |
| ADDRESS (CIRCLE ONE) BUSINESS/HOME | |
| DATE OF BIRTH | GENDER |
| DESCRIPTION OF INJURY | |
| MEDICAL FACILITY (IF TREATMENT RECEIVED) | |
| ATTORNEY INFORMATION (IF REPRESENTED) | |

PROPERTY DAMAGE

| | | |
|---|-------------------------------|-----------------------|
| IS THERE DAMAGE TO THE PROPERTY OF OTHERS? (CIRCLE ONE) YES / NO IF YES, DID THE LOSS INVOLVE BUSINESS DAMAGE? (CIRCLE ONE) YES / NO IF YES, PROVIDE THE FOLLOWING INFORMATION: | | |
| NAME | BUSINESS PHONE NUMBER | PERSONAL PHONE NUMBER |
| BUSINESS ADDRESS | | |
| DESCRIPTION OF DAMAGED PROPERTY | | |
| IS THE INTERIOR OF THE BUILDING EXPOSED TO THE OUTDOORS AND UNPROTECTED? | CAN THE BUILDING BE OCCUPIED? | |
| DO YOU HAVE A WRITTEN ESTIMATE OR REPLACEMENT BILL FOR THE DAMAGE? | IF YES, WHAT IS THE AMOUNT? | |
| ATTORNEY INFORMATION (IF REPRESENTED) | | |

PROPERTY DAMAGE (CONTINUED)

IF YES, DID THE LOSS INVOLVE OTHER/CONTENTS DAMAGE? (CIRCLE ONE) YES / NO
IF YES, PROVIDE THE FOLLOWING INFORMATION:

| | | |
|--|-----------------------------|-----------------------|
| NAME | BUSINESS PHONE NUMBER | PERSONAL PHONE NUMBER |
| BUSINESS ADDRESS | | |
| DESCRIPTION OF DAMAGED PROPERTY | | |
| LOCATION OF DAMAGED PROPERTY (INCLUDING ADDRESS) | | |
| DO YOU HAVE A WRITTEN ESTIMATE OR REPLACEMENT BILL FOR THE DAMAGE? | IF YES, WHAT IS THE AMOUNT? | |
| ATTORNEY INFORMATION (IF REPRESENTED) | | |
| WITNESS NAMES | WITNESS ADDRESSES | WITNESS PHONE NUMBERS |

CONTACT INFORMATION

| | | | |
|---|--------------|----------------------|------------------|
| CONTACT NAME | PHONE NUMBER | BEST TIME TO CONTACT | WHERE TO CONTACT |
| LIST ANY ADDITIONAL INFORMATION RELEVANT TO THIS REPORT | | | |