

LIABILITY CLAIMS FORM

INSURED

NAME _____

ADDRESS _____

DATE OF LOSS _____ TIME _____

LOCATION _____

CONTACT PERSON _____ PHONE# W- _____ H- _____

WEATHER CONDITIONS _____

OCCURRENCE

DESCRIPTION _____

CLAIMANT

NAME _____

ADDRESS _____

PHONE NUMBERS – WORK _____ HOME _____

INJURY _____

WITNESS _____

REPORTED BY _____

REMARKS _____