General Liability Incident Report

Please forward any supporting documentation to the appropriate carrier.

Submitted by:

Full Name: _____ Title: _____

Address: _____

Street Address *Apartment/Unit #*

_____

City *State* *ZIP Code*

Phone: - - Fax: - - Email: _____

Person to contact:

Full Name: _____ Title: _____

Address: _____

Street Address *Apartment/Unit #*

_____

City *State* *ZIP Code*

Phone: - - Fax: - - Email: _____

Claimant information (Attached additional pages if necessary):

Full Name: _____ Title: _____

Address: _____

Street Address *Apartment/Unit #*

_____

City *State* *ZIP Code*

Phone: - - Fax: - - Email: _____

Injuries ☐ Yes ☐ No If yes type: _____

Medical Treatment Sought? If yes type: _____

Property Damage: If yes type: _____

Witness Information

Full Name: _____ Title: _____

Address: _____

Street Address *Apartment/Unit #*

_____

City *State* *ZIP Code*

Phone: - - Fax: - - Email: _____

Loss Information

Date _____ Time: _____ Location: _____

Loss Description: