

# **GENERAL LIABILITY CLAIM/INCIDENT REPORT**

Insured Party Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Potential Claimant(s) Name: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Location of Incident: \_\_\_\_\_

Description of Incident:

How and when were you first notified of the incident?

Was there any other responsible party involved? \_\_\_\_\_ If so, explain who and why:

List damages and amounts or injuries, along with the source(s) that you received this information from:

Has the potential claimant made a claim against you? \_\_\_\_\_ If no; do you have any reason to believe that the potential claimant will pursue a claim in the near future? \_\_\_\_\_ If so, why? \_\_\_\_\_

Were the police or fire departments called? \_\_\_\_\_ If so, attach a copy of the report(s).

List the names, addresses, and telephone numbers of all witnesses:

This form has been completed by:

Name (Please Print): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_