

LIABILITY CLAIM REPORTING FORM

Insured Name: _____

LIABILITY CLAIM INFORMATION

Date of Loss: _____

Claimant Name: _____

Claimant Phone #: (_____) _____

Description of Loss: _____

Authority Contacted (if applicable): _____ Report #: _____

WITNESS(ES)

Name: _____ Phone #: (_____) _____

Name: _____ Phone #: (_____) _____

COMMENTS

Reported By: _____ Phone #: (_____) _____

Email: _____ Date: _____