

General Liability Claim Report

Member Name: _____

Contact name: _____ Title/Position: _____

Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Cell Phone: _____

Email Address: _____

Incident Information/Location

Date of Incident: _____ Time of Incident: _____

Address: _____

City: _____ State: _____ Zip: _____

Detailed Description of Incident: _____

Incident Type

Type of Incident/Loss: Bodily Injury (BI) Property Damage (PD) Both BI and PD

Bodily Injury

(Please complete the information for each injured person.)

Name of Injured Person _____

Address _____

City _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone _____ Office Phone _____



Extent/Type of Injury: _____

Is injured person a student/minor: Yes No
Was the injured person: In Member Vehicle? In Other Vehicle? A Pedestrian?

Property Damage

Property Owner's Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Office Phone: _____ Cell Phone: _____
Description of Damaged Property: _____

Witness Information

Name: _____ Phone: _____

Additional Comments: _____

Person Completing Report: _____ Date: _____

Email Address: _____

