

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.: _____