



GENERAL LIABILITY ACCIDENT REPORT

Date of this report: _____

Insured: _____ Address: _____

Date of Loss: _____ Time loss occurred: _____ a.m. p.m.

Location of loss: _____
(Address, City, State & Zip Code)

Claimant's Name: _____ Phone: _____
(Area code + number)

Claimant's Address: _____
(Mailing address, City, State & Zip Code)

Description of Loss: _____

Employees involved (if any):

Name: _____ Phone _____
(Area code + number)

Name: _____ Phone _____
(Area code + number)

If loss involves bodily injury, did claimant seek medical attention: yes no

If yes, name and address of doctor or hospital: _____

If loss involves damage to claimant's property, describe property: _____

Witnesses: _____ Employee? yes no
Name, area code, phone number

Witnesses: _____ Employee? yes no
Name, area code, phone number

Person completing report: _____ Phone _____
(Area code + number)