



General Liability Notice

Insured Info

Policy Number: _____

Insured Name: _____

Address: (Include City, State & Zip) _____

Contact: _____

Phone: _____

Email: _____

Occurrence

Reported by: _____

Date/Time of Occurrence: _____

Previously Reported: Yes or No

Location of Occurrence: _____

Describe Occurrence: _____

Injured/Property

Injured Name: _____

Address: (Include City, State & Zip) _____

Phone: _____

Age: _____

Sex: Male or Female

Occupation: _____

Employer's Name: _____

Address: (Include City, State & Zip) _____

Phone: _____

Describe Injury: _____

Where Taken: _____

What was Injured Doing? _____

Damage Property: _____

Estimate Amount: _____

Property can be seen at? _____

When can it be seen? _____

Witnesses

1.

Name: _____

Address: (Include City, State & Zip) _____

Phone: _____

2.

Name: _____

Address: (Include City, State & Zip) _____

Phone: _____

Comment: _____