

# General Liability Claim Report

Insured Name:

---

Insured Policy#:

---

Contact Name:

---

Contact Phone#:

---

Contact Email:

---

Date of Incident:

---

Time of Incident:

---

Address of Incident:

---

Description of Incident and how it occurred:

---

Bodily Injury Involved:  Yes  No

If Yes, types of injuries incurred:

---

Property Damage Involved:  Yes  No

If Yes, describe damage:

---

Estimated amount of property damage:

---

Third Party Name:

---

Third Party Address:

---

Third Contact Phone#:

---