

Date of Report:

CC:

General Liability

■ Insured Information

A. Corporate Name <input type="text"/>			
B. Building Address <input type="text"/>			
C. Property Manager <input type="text"/>		D. Telephone <input type="text"/> ext: <input type="text"/>	
E. Superintendent Name <input type="text"/>		F. Telephone <input type="text"/>	

■ Incident Information

G. Date and Time of Incident <input type="text"/>	H. Location of Loss <input type="text"/>
I. Detailed Description of Incident (How did the incident occur? Include source if a property claim is involved, ie: Hot water pipe leaked)	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

■ Claimant Information

Claimant Name	Telephone	E-Mail	Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Is Claimant Represented? Yes <input type="checkbox"/> No <input type="checkbox"/>
Attorney Name and Contact Information: <input type="text"/>
Claimant Relationship: Guest <input type="checkbox"/> Employee <input type="checkbox"/> Vendor <input type="checkbox"/> Resident <input type="checkbox"/> Other <input type="checkbox"/>

■ Comments

■ Note

- Inspect the area • Take photos as soon as possible • Collect copies of lease/bylaws/maintenance agreements
- Take Claimant's Information • Mitigate Hazard • Provide information for any Eergency Services/Police Report