

GENERAL LIABILITY REPORTING GUIDE

ACCOUNT/LOSS INFORMATION

Title, Name and Phone Number

Accident State (state where accident occurred)

Subsidiary name and address

Subsidiary mailing address (if different from above)

Did the loss occur at the location address? (if no, address where loss occurred)

Date and time of loss

Full description of loss

Parent company/Insured's name

Location Code

Policy number

INJURIES

Were there any injuries? If yes, provide the following information for each injured person:

- name
- business and/or home phone numbers
- address
- date of birth
- gender
- description of injury
- medical facility (if treatment received)
- attorney information (if represented)

PROPERTY DAMAGE

Is there any damage to the property of others? If yes, did the loss involve:

Building Damage? If yes, provide the following information:

- name
- business and/or home phone numbers
- address
- description of damaged property
- Is the interior of the building now exposed to outdoors and unprotected?
- Can the building be occupied?
- Is a written estimate or repair/replacement bill for damage available?
- Attorney information (if represented)

Other/Contents Damage? If yes, provide the following information:

- name
- business and/or home phone numbers
- address
- description of damaged property
- location of damaged property including address
- Is a written estimate or repair/replacement bill for damage available?
- Attorney information (if represented)

CONTACT INFORMATION