

GENERAL LIABILITY CLAIM FORM

Date of Loss: _____

Location of Occurrence: _____

Description of Loss: _____

Who Was Injured (Address and Phone #'s): _____

Were There Any Witnesses (Names and Phone #'s): _____

Instructions:

1. Respond to any injured person, but NEVER admit fault.
2. Have empathy and make sure they know you care, but do not go overboard.
3. Collect the names and phone numbers of the person(s) injured.
4. See if there were any witnesses and gather names with phone numbers.
5. Take photos if possible where the accident occurred.
6. Contact your insurance company as quickly as possible.
7. Expect to be contacted by the claims adjustor within 48 hours.

