

GENERAL/PRODUCT LIABILITY CLAIM REPORT

Dates: _____

Insured Name: _____

Address/Loss Location: _____

City: _____ State: _____ Phone: (____) _____

Description of Alleged Incident: _____

Type of Injury/ Extent of Property Damage: _____

Information on Injured Party / Property Owner:

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Witnesses:

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Lawsuit Filed? - County and State where filed: _____

Date of Service: _____

Reported by: _____

INSTRUCTIONS TO INSURED:

1. Provide all documents you have regarding this incident.
2. Copy of lawsuit, if filed
3. Documents provided by claimant including medical bills.
4. Internal documents including any investigation of the incident, repair and maintenance records, etc.
5. Names and address of any witnesses to the incident or employees who may be able to provide details on the product or location involved in the incident.
6. If a product is involved & you have the product, save this for inspection by the claims adjuster or an expert named by the insurance company.
7. The claim adjuster will deal directly with the claimant or his/her attorney; you should not deal with them yourself.
8. Expect to be contacted by the claims adjuster within 48 hours.
9. If there is any reason that you need to be contacted immediately, please let us know.