

WORKSHEET FOR GENERAL LIABILITY

BUSINESS INFORMATION

PHONE NUMBER & EXTENSION	TITLE AND NAME	ACCIDENT STATE (STATE WHERE ACCIDENT OCCURRED)
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BUSINESS NAME AND ADDRESS

BUSINESS MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

DID THE LOSS OCCUR AT THE LOCATION ADDRESS? (IF "NO", ADDRESS WHERE LOSS OCCURRED)

YES NO

DATE AND TIME OF LOSS

FULL DESCRIPTION OF LOSS

INJURIES

WERE THERE ANY INJURIES? IF YES BE PREPARED TO PROVIDE THE FOLLOWING INFORMATION FOR EACH INJURED PERSON:	
NAME	
BUSINESS AND HOME PHONE NUMBERS	
ADDRESS	
DATE OF BIRTH	GENDER
DESCRIPTION OF INJURY	
MEDICAL FACILITY (IF TREATMENT RECEIVED)	
ATTORNEY INFORMATION (IF REPRESENTED)	

PROPERTY DAMAGE

IS THERE DAMAGE TO THE PROPERTY OF OTHERS? IF YES, DID THE LOSS INVOLVE:	
BUSINESS DAMAGE? IF YES, PROVIDE THE FOLLOWING INFORMATION:	
NAME	BUSINESS AND HOME PHONE NUMBERS
ADDRESS	
DESCRIPTION OF DAMAGED PROPERTY	
IS THE INTERIOR OF BUILDING NOW EXPOSED TO OUTDOORS AND UNPROTECTED?	CAN THE BUILDING BE OCCUPIED?
IS THERE A <u>WRITTEN</u> ESTIMATE OR REPLACEMENT/BILL FOR THE DAMAGE? IF YES, AMOUNT	
ATTORNEY INFORMATION (IF REPRESENTED)	

PROPERTY DAMAGE (CONTINUED)

IS THERE DAMAGE TO THE PROPERTY OF OTHERS? IF YES, DID THE LOSS INVOLVE:

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 THE DAMAGE AVAILABLE? IF YES, AMOUNT

ATTORNEY INFORMATION (IF REPRESENTED)

WITNESSES (NAMES, ADDRESSES, AND PHONE NUMBERS)

CONTACT INFORMATION

CONTACT NAME AND PHONE NUMBER, BEST TIME TO CONTACT AND WHERE TO CONTACT

ADDITIONAL NOTES/COMMENTS OR CUSTOMER SPECIFIC INFORMATION
