



**GENERAL LIABILITY ACCIDENT REPORT**

Date of this report: \_\_\_\_\_

Insured: \_\_\_\_\_ Address: \_\_\_\_\_

Date of Loss: \_\_\_\_\_ Time loss occurred: \_\_\_\_\_  a.m.  p.m.

Location of loss: \_\_\_\_\_  
(Address, City, State & Zip Code)

Claimant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Area code + number)

Claimant's Address: \_\_\_\_\_  
(Mailing address, City, State & Zip Code)

Description of Loss: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employees involved (if any):

Name: \_\_\_\_\_ Phone \_\_\_\_\_  
(Area code + number)

Name: \_\_\_\_\_ Phone \_\_\_\_\_  
(Area code + number)

If loss involves bodily injury, did claimant seek medical attention:  yes  no

If yes, name and address of doctor or hospital: \_\_\_\_\_  
\_\_\_\_\_

If loss involves damage to claimant's property, describe property: \_\_\_\_\_  
\_\_\_\_\_

Witnesses: \_\_\_\_\_ Employee?  yes  no  
Name, area code, phone number

Witnesses: \_\_\_\_\_ Employee?  yes  no  
Name, area code, phone number

Person completing report: \_\_\_\_\_ Phone \_\_\_\_\_  
(Area code + number)