

GENERAL LIABILITY CLAIM FORM

Insured: _____

Policy #: _____

Submitted By: _____

Date / Time of Occurrence: _____ / _____ AM PM

Location of Occurrence: _____

Description of Occurrence: _____

Do you have a Police Report? Yes No If yes, please fax to 239-542-0693
If no, complete the following:

Report # _____ Police Department: _____
Officer: _____