General Liability Notice of Occurrence / Claim

ARCADIAN RISK MANAGERS

When Finished Submit and Attach a Copy of Policy Declaration

		Date:
Agent:	Date of Loss:	Time: □AM □PM
	Carrier:	
	Policy Number:	
Phone:	Fax:	
E-mail Address:		

INSURED

Name of Insured (First, Middle, Last):		Insured's Mailing Address:
Date of Birth:	Marital Status:	
Primary Phone #: □Home □Work □Cell		Secondary Phone #: □Home □Work □Cell
E-Mail Address:		

CONTACT □Contact Insured

Name of Contact (First, Middle, Last):	Contact's Mailing Address:
Primary Phone #: □Home □Work □Cell	Secondary Phone #: □Home □Work □Cell
E-Mail Address:	

OCCURRENCE

Location of Occurrence: Street:	Police of Fire Department Contacted:
City, State, Zip:	Report Number:
Country:	
Describe Location of Loss if not at Specific Street Address:	
Description of Occurrence:	

TYPE OF LIABILITY

Premises: Insured is □Owner □Tenant	Type of Premises:
Owner's Name & Address (if not insured):	Primary Phone #: □Home □Work □Cell
	Secondary Phone #: □Home □Work □Cell
E-Mail Address:	
Products: Insured is □Manufacturer □Vendor	Type of Product:
Manufacturer's Name & Address (if not insured):	Primary Phone #: □Home □Work □Cell
	Secondary Phone #: □Home □Work □Cell
Where Can Product Be Seen?	

INJURED / PROPERTY DAMAGED

Name & Address (First, Middle, Last):			Employer's Name & Mailing Address:
Primary Phone #:	□Home □Work □Cell		Primary Phone #: □Home □Work □Cell
Secondary Phone #:	□Home □Work □Cell		Secondary Phone #: □Home □Work □Cell
E-Mail Address:			E-Mail Address:
Age:	Sex:	Occupation:	
Describe Injury:			
Where Taken:			
What was Injured Doing?:			
Describe Property:			
Estimate Amount:			
Where Can Property Be Seen?:			

WITNESSES

Name and Address:	Primary Phone #: □Home □Work □Cell
	Secondary Phone #: □Home □Work □Cell
	E-Mail Address:
Name and Address:	Primary Phone #: □Home □Work □Cell
	Secondary Phone #: □Home □Work □Cell
	E-Mail Address:
Name and Address:	Primary Phone #: □Home □Work □Cell
	Secondary Phone #: □Home □Work □Cell
	E-Mail Address:

REMARKS

Reported By:	Reported To:

Submit by Email Print Form