



## GENERAL LIABILITY CLAIM REPORT FORM

Policy # \_\_\_\_\_

Location: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ a.m./p.m.  
Location of Loss on Premises: \_\_\_\_\_  
Description of Incident: \_\_\_\_\_  
\_\_\_\_\_

### INJURED PARTY:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Guest: Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Describe Injury: \_\_\_\_\_

Medical Attention: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Where: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### PROPERTY OWNER / GUEST:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Guest: Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Description of Property: \_\_\_\_\_  
Description of Damage: \_\_\_\_\_  
Police/Fire Dept.Contact: \_\_\_\_\_

### WITNESS:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

### WITNESS:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Email REPORT to:  
Any questions, call:

[Claims@RiskPointins.com](mailto:Claims@RiskPointins.com)  
971-282-4304

**PLEASE PUT NAME OF POLICY HOLDER IN SUBJECT LINE OF EMAIL**