

Mover's Choice

PO Box 5990, Napa, CA 94581

LIC. #0L09546

Phone: 800-852-1968 FAX: 707-252-5905

Email: claims@moverschoiceinfo.com

Website: www.moverschoiceinfo.com



Division of Specialty
Program Group, LLC

GENERAL LIABILITY CLAIMS REPORTING FORM

Reporting Date: _____ Date of Loss: _____

Policy No:	Policy Period: Effective Date	Expiration Date:
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Insured Name:	Contact:
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Insured Address:

Insured Phone Number: Work:	Home:
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OCCURRENCE

Date of Loss:

Location of Occurrence:	Authority Contacted:
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Description of Occurrence:

TYPE OF LIABILITY

Premises: Insured is <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Other	Type of Premises:
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Owners Name and Address:
Phone No:

INJURED/PROPERTY DAMAGE

Name and Address of Owner:			
Phone No:			
Age:	Sex:	Occupation:	Employers Name and Address:

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Describe Injury:	When Taken:
Description of Damaged Property:	Amount of Loss?

WITNESSES

Name:	Name:
Address:	Address:
Phone Number:	Phone Number:

Remarks:

Reported By:	Contact Person:
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