Mover's Choice

PO Box 5990, Napa, CA 94581
LIC. #OB64567
Phone: 800-852-1968 FAX: 707-252-5905
Email: claims@moverschoiceinfo.com
Website: www.moverschoiceinfo.com

GENERAL LIABILITY CLAIMS REPORTING FORM

Reporting Date:_____ **Date of Loss:**_____

POLICY NO.:	POLICY PERIOD: EFFECTIVE DATE: EXPIRATION DATE:

INSURED NAME:	CONTACT:
INSURED ADDRESS:	
INSURED PHONE NUMBER: WORK:	HOME:

OCCURRENCE

LOCATION OF OCCURRENCE:	AUTHORITY CONTACTED:
DESCRIPTION OF OCCURRENCE:	

TYPE OF LIABILITY

PREMISES: INSURED IS ☐ OWNER ☐ TENANT ☐ OTHER	TYPE OF PREMISES:
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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GENERAL LIABILITY CLAIMS REPORTING FORM

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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