



Division of Specialty Program Group, LLC

Doing business in California as SPG Insurance Solutions · License No. 0L09546
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GENERAL LIABILITY CLAIMS REPORTING FORM

POLICY NO.		DATE REPORTED:	
POLICY EFF. DATE	POLICY EXP. DATE	DATE & TIME OF LOSS	AM PM

INSURED

NAME & ADDRESS:	INSUREDS BUSINESS PHONE:	INSUREDS RESIDENCE PHONE:
	REPORTED BY:	CONTACT PERSON:
	CONTACTS BUSINESS PHONE:	CONTACTS RESIDENCE PHONE:
	WHERE TO CONTACT:	WHEN TO CONTACT:

OCCURRENCE

LOCATION OF OCCURRENCE	AUTHORITY CONTACTED:
DESCRIPTION OF OCCURRENCE:	

TYPE OF LIABILITY

PREMISES: INSURED IS <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT <input type="checkbox"/> OTHER	TYPE OF PREMISES:
OWNERS NAME AND ADDRESS:	
PHONE NO.:	

INJURED/PROPERTY DAMAGE

OWNERS NAME AND ADDRESS:		
AGE:	SEX:	OCCUPATION:
EMPLOYERS NAME AND ADDRESS:		
DESCRIBE INJURY:		WHEN TAKEN:
DESCRIPTION OF DAMAGED PROPERTY:		AMOUNT OF LOSS:

WITNESSES

NAME AND ADDRESS:	NAME AND ADDRESS:
PHONE NO.:	PHONE NO.:

REMARKS
