

Liability Claim Report

(Not used for Automobile or Workers Compensation)

Please furnish the following information for prompt handling of your claim. You may call this information in our office or you may fax or mail this form to us.

Policyholder Information

Insured's Name (as it appears on policy) _____

Address 1 (Street) _____

Address 2 (Street) _____

City: _____ State: _____ Zip Code: _____

Policy # _____ Effective Date: _____

Date reported: _____

Reported by (name) _____ Title _____

Phone (Home) _____ (Work) _____

Phone (Church) _____ Fax _____

E- Mail _____

Date of Loss _____

Church Information

Church location (address): _____

City: _____ State: _____ Zip Code: _____

Description of Loss- Describe fully (Use additional paper if necessary)
