

Claims: General Liability

Company Name:
Contact's Name/Number/Email Address:
Location of Loss/Incident (Street, City, State):
Date of Loss/Incident:
Authority Contacted (Police, Supervisor, Case Number):
Description of Incident/Accident:
Photos Taken (Y/N)? If yes, please attach or email:
Injured Person(s) Name:
Address:
Phone Numbers:
Damage/Injury? If estimates, please include. If medical treatment, please provide details:
Witness Contact Info:
Special Instructions for Claim:
Report Completed By, Including Date of Report:

Please fax to 334.273.1003 or email to
bwesson@hdbinsurance.com