

WORKSHEET FOR GENERAL LIABILITY TELEPHONE REPORTING

ACCOUNT INFORMATION

CALLER'S PHONE NUMBER & EXTENSION	CALLER'S TITLE AND NAME	ACCIDENT STATE (STATE WHERE ACCIDENT OCCURRED)
-----------------------------------	-------------------------	--

SUBSIDIARY NAME AND ADDRESS

SUBSIDIARY MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

DID THE LOSS OCCUR AT THE LOCATION ADDRESS? (IF "NO", ADDRESS WHERE LOSS OCCURRED)

YES NO

DATE AND TIME OF LOSS

FULL DESCRIPTION OF LOSS

PARENT COMPANY/INSURED'S NAME	LOCATION CODE	POLICY SYMBOL AND NUMBER
-------------------------------	---------------	--------------------------

INJURIES

WERE THERE ANY INJURIES? IF YES BE PREPARED TO PROVIDE THE FOLLOWING INFORMATION FOR EACH INJURED PERSON:

NAME

BUSINESS AND HOME PHONE NUMBERS

ADDRESS

DATE OF BIRTH

GENDER

DESCRIPTION OF INJURY

MEDICAL FACILITY (IF TREATMENT RECEIVED)

ATTORNEY INFORMATION (IF REPRESENTED)

PROPERTY DAMAGE

IS THERE DAMAGE TO THE PROPERTY OF OTHERS? IF YES, DID THE LOSS INVOLVE:

BUSINESS DAMAGE? IF YES, PROVIDE THE FOLLOWING INFORMATION:

NAME

BUSINESS AND HOME PHONE NUMBERS

ADDRESS

DESCRIPTION OF DAMAGED PROPERTY

IS THE INTERIOR OF BUILDING NOW EXPOSED TO OUTDOORS AND UNPROTECTED?

CAN THE BUILDING BE OCCUPIED?

IS THERE A WRITTEN ESTIMATE OR REPLACEMENT/BILL FOR THE DAMAGE? IF YES, AMOUNT

ATTORNEY INFORMATION (IF REPRESENTED)

PROPERTY DAMAGE (CONTINUED)

IS THERE DAMAGE TO THE PROPERTY OF OTHERS? IF YES, DID THE LOSS INVOLVE:
OTHER/CONTENTS DAMAGE? IF YES, PROVIDE THE FOLLOWING INFORMATION:

NAME

BUSINESS AND/OR HOME PHONE NUMBERS

ADDRESS

DESCRIPTION OF DAMAGED PROPERTY

LOCATION OF DAMAGED PROPERTY INCLUDING ADDRESS

IS A WRITTEN ESTIMATE OR REPAIR/REPLACEMENT BILL FOR THE DAMAGE AVAILABLE? IF YES, AMOUNT

ATTORNEY INFORMATION (IF REPRESENTED)

WITNESSES (NAMES, ADDRESSES, AND PHONE NUMBERS)

CONTACT INFORMATION

CONTACT NAME AND PHONE NUMBER, BEST TIME TO CONTACT AND WHERE TO CONTACT

ADDITIONAL NOTES/COMMENTS OR CUSTOMER SPECIFIC INFORMATION
