

To report a GENERAL LIABILITY LOSS, online
www.firemansfund.com
or 24-Hour Claims Reporting, call
1.888.FIREHAT (1.888.347.3428)



A company of Allianz

General Liability Claim Worksheet

IMMEDIATE REPORTING IS CRITICAL – Do not delay in calling, even if you do not have all of the following information.

General Information

| | | |
|---|--------------|---------------|
| Date of Loss | Time of Loss | Policy Number |
| Insured's Name, Address, Phone Number, Email & Available Time | | Location Code |

Loss Information

| | |
|--|---|
| Description of Loss | Loss/Incident Location (include city, state and county) |
| Authorities Involved? <input type="checkbox"/> Yes <input type="checkbox"/> No | Report Number (if known) |

Property Damage Information

| | |
|---|--|
| Any Property Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No | Describe Property (type, model, etc.) |
| Property Owner's Name, Address, Phone Number, Email & Available Time | Damage Description and Estimate Amount |
| Where Can Property Be Seen? | When Can Property Be Seen? |

Injured Party Information

| | | |
|---|--|---------------------------|
| Name and Address of Injured Party | Home Phone Number & Email | Work Phone Number & Email |
| Age | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Occupation |
| Employer's Name, Address, Phone Number, Email & Available Time | Injury Description | |
| Fatality <input type="checkbox"/> Yes <input type="checkbox"/> No | What Was Injured Doing? | |
| If Injured was Taken to a Hospital, Please Provide Hospital Name, Address, Phone Number & Email | | |

Witness Information

| | |
|---|---|
| Witnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, Provide Witness(es) Name, Address, Phone Number & Email (if known) – use the back |
|---|---|

Any Additional Information?

Claim No. Assigned: