

# Liability Loss Reporting Form

Insured:

Contact Person:

Phone:  Cell:

Date of Incident:  Date Reported:

Time of Incident:  Loss Location:

## Third Party Details

Name:

Address:

Phone:  Cell:

Insurance Company:  Policy#:

**Injured Person #1:**

Address:

Phone:  Cell:

Incident Details:

Injury Details:

Weather Details:

**Injured Person #2:**

**Address:**

**Phone:**  **Cell:**

**Incident Details:**

**Injury Details:**

**Weather Details:**

**Any other information or relevant details (ie, others involved, anyone carrying anything, etc....):**

*Attach additional sheets if there is more than one "Third Party".*

**Loss description details:**

**Witness Information**

**Full Name:**

**Address:**

**Phone:**  **Cell:**