



Instructions - Email form to the following contacts:

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## GL Claim Form

Type of Claim:

If other, enter type of claim not displayed above:

Insured or Client Name:

Incident Date:

Reported Date:

Incident Time:

Reported Time:

- 1. Is the Claimant also the Insured?
- 2. Was anybody injured in the Incident?
- 3. Was any property damaged?
- 4. Does this incident involve an ocean going vessel?
- 5. If not for bodily injury or property damage, Is this a claim for any other damages?
- 6. Is this a Reporting Purposes Only claim?

Note: Only answer "yes" if you do not expect to make any payments on this claim.

### Individual Claimant Information:

Full Name: (First Name, Middle Initial, and Last Name)

Claimant Address:

Claimant city:  Business State:  Business Zip:

Claimant Phone:

Business information (Only complete if damaged property belongs to company instead of individual driver)  
e.g. transport van hits other business' building or company vehicle)

Name:

Business Address:

Business city:

Business State:

Business Zip:

**Incident Description:**

Please provide a description of what occurred:

**SEE ATTACHED INCIDENT REPORT PACKET**

Line of Coverage:

Sub Line:

State Where Incident Occurred:

**Additional Comments;**