

# Paul Hanson Partners

PO Box 5990, Napa, CA 94581

LIC. #OB64567

Phone: 800-852-1968 Fax: 707-252-5905

Email: [claims@paulhanson.com](mailto:claims@paulhanson.com)

Website: [www.paulhanson.com](http://www.paulhanson.com)



## GENERAL LIABILITY CLAIMS REPORTING FORM

**Reporting Date:** \_\_\_\_\_ **Date of Loss:** \_\_\_\_\_

POLICY NO.:	POLICY PERIOD:
	EFFECTIVE DATE: _____ EXPIRATION DATE: _____

INSURED NAME:	CONTACT:

INSURED ADDRESS:

INSURED PHONE NUMBER:
WORK: _____ HOME: _____

## OCCURRENCE

LOCATION OF OCCURRENCE:	AUTHORITY CONTACTED:
DESCRIPTION OF OCCURRENCE:	

## TYPE OF LIABILITY

PREMISES: INSURED IS [ ] OWNER [ ] TENANT [ ] OTHER	TYPE OF PREMISES:
OWNERS NAME AND ADDRESS:	
PHONE NO.:	

## INJURED/PROPERTY DAMAGE

NAME AND ADDRESS OF OWNER:			
PHONE NO.:			
AGE:	SEX:	OCCUPATION	EMPLOYERS NAME AND ADDRESS:

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## GENERAL LIABILITY CLAIMS REPORTING FORM

DESCRIBE INJURY:	WHEN TAKEN:
DESCRIPTION OF DAMAGED PROPERTY:	AMOUNT OF LOSS?

### WITNESSES

NAME:	NAME:
ADDRESS:	ADDRESS:
PHONE NUMBER:	PHONE NUMBER:

REMARKS:
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REPORTED BY:	CONTACT PERSON:
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