

# General Liability Loss Notice

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Send completed form to: **BHS Insurance at [claims@bhsins.com](mailto:claims@bhsins.com)**

**General Information:**

Date of Loss: \_\_\_\_\_ Location of Loss: \_\_\_\_\_ Authority Contacted: \_\_\_\_\_

Description of Accident/Loss (*What happened*): \_\_\_\_\_

Weather conditions day of accident & physical description of accident site (*icy, cracked sidewalk, dry etc*): \_\_\_\_\_

**Injured Person/Property Damage Information:**

Name & Address (*Injured person/Property Owner*): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

**Injuries Only**

Describe Injuries: \_\_\_\_\_

Where was the injured person taken and by what means: \_\_\_\_\_

What was the injured person doing at the time of accident: \_\_\_\_\_

**Property Damage Only**

Describe Property (*type, model etc.*): \_\_\_\_\_

Where can property be seen: \_\_\_\_\_

**Witnesses:**

Name & Address

Home Phone #

Work Phone #

\_\_\_\_\_  
\_\_\_\_\_

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_

**Reported By:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_