



General Liability Loss Notice

Send completed form to BHS Insurance: claims@bhsins.com

General Information:

Date of Loss: _____ Address of Loss: _____

Name of Authority Contacted: _____

Description of Incident/Loss (What happened?): _____

Weather Conditions Day of Accident & Description of Incident Site (icy, cracked sidewalk, dry etc):

Injured Person/Property Owner Information:

Name & Address: _____

Home Phone: _____ Work Phone: _____ Age: _____ Sex: _____

Injuries Only

Describe Injuries: _____

Medical Treatment Sought? Yes/No _____ Where: _____ Transported How: _____

What was the Injured Person Doing at the Time of Incident: _____

Property Damage Only

Describe Property (type, model etc.): _____

Where Can Property be Seen: _____

Witnesses:

Name & Address: _____

Home Phone: _____ Work Phone: _____

Name & Address: _____

Home Phone: _____ Work Phone: _____

Comments:

Completed By:

Name: _____ Phone: _____

Company Name: _____ Date: _____