

# General Liability Loss Notice

*Fax Completed Form to: Berends Hendricks Stuit at 616-531-6360*

## General Information:

Date of Loss:	Location of Loss:	Authority Contacted:
Description of Accident/Loss ( <i>What Happened</i> ):		
Weather conditions day of accident & physical description of accident site ( <i>icy, cracked sidewalk, dry, etc.</i> ):		

## Injured Person/Property Damage Information

Name & Address:			
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 ( <i>type, model, etc.</i> ):
Where can property be seen:

## Witnesses:

<u>Name &amp; Address:</u>	<u>Home Phone</u>	<u>Work Phone</u>
----------------------------	-------------------	-------------------

## Comments:

--

## Reported By:

Name:	Phone:
Company Name:	Date: