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General Liability Claim Form

Contact: _____ Phone No.: _____
Property Name: _____ Property Phone No.: _____
Property Address: _____ Property Manager: _____
Date of Loss: _____ Time of Loss: _____ Location of Loss: _____ Unit #: _____

GENERAL LIABILITY

Name of Claimant: _____
Address: _____
Mailing Address: _____
Telephone No.: _____ Business Home Cell

TYPE OF LOSS

Bodily Injury Property Damage

DESCRIPTION (PROPERTY DAMAGE, INJURY, BODY PART(S), SYMPTOMS); HOW DID THE LOSS OCCUR?

Weather Conditions (if applicable) _____

Visible Hazards. Please explain in detail. Water Grease Tripping Hazards Other (explain) _____

BODILY INJURY

Injured transported to Hospital? Yes No Onsite First Aid? Yes No

Name and Address of hospital: _____

PROPERTY DAMAGE

Estimate of Loss \$ _____

WITNESS INFORMATION

Name: _____ Address: _____

Phone No.: _____ Business Home Cell

Witness Statement: _____

Police Contacted: Yes No Name of Officer: _____ Phone No. _____ Case No.: _____

Fire Dept. Contacted: Yes No Name of Officer: _____ Phone No. _____ Case No.: _____

POST INCIDENT INSPECTION

Casual Analysis: _____

Recommendation to Prevent Reoccurrence: _____

Please include any photos of the scene or injury. There will be an option to attach them once you click Submit. You will be prompted to choose **Desktop Email Application** or **Internet Email**. If you choose **Desktop Email Application** a new email will appear with your completed form attached. This will allow you to also include any photos you may have. If you choose **Internet Email** you will be prompted to save the completed PDF to your computer. You can then email the form and any photos to claims@legacyrisk.net.

Reported By _____	Signature _____
Title _____	Date _____