



General Liability Claim Reporting Worksheet and Guide



DO NOT DELAY IN REPORTING IF YOU DO NOT HAVE ANSWERS TO ALL THE QUESTIONS.

ACCOUNT INFORMATION		
PREPARER'S PHONE NUMBER & EMAIL ADDRESS	PREPARER'S TITLE AND NAME	ACCIDENT STATE
SUBSIDIARY (COMPANY) NAME AND ADDRESS		
SUBSIDIARY (COMPANY) MAILING ADDRESS (IF DIFFERENT FROM ABOVE)		
DID THE LOSS OCCUR AT THE LOCATION ADDRESS? (IF "NO", ADDRESS WHERE LOSS OCCURRED) <input type="checkbox"/> YES <input type="checkbox"/> NO		
DATE AND TIME OF LOSS		
BRIEF DESCRIPTION OF LOSS		
PARENT COMPANY/INSURED'S NAME	LOCATION CODE	POLICY SYMBOL AND NUMBER
INJURIES		
WERE THERE ANY INJURIES? IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EACH INJURED PERSON:		
NAME		
BUSINESS AND HOME PHONE NUMBERS AND EMAIL ADDRESS		
ADDRESS		
DATE OF BIRTH	GENDER	
DESCRIPTION OF INJURY		
MEDICAL FACILITY (IF TREATMENT RECEIVED)		
ATTORNEY INFORMATION (IF REPRESENTED)		

PROPERTY DAMAGE - BUILDING

IS THERE BUILDING DAMAGE TO THE PROPERTY OF OTHERS?
IF YES, PLEASE COMPLETE THE FOLLOWING INFORMATION:

NAME	BUSINESS AND HOME PHONE NUMBERS AND EMAIL ADDRESS
ADDRESS	
DESCRIPTION OF DAMAGED PROPERTY	
IS THE INTERIOR OF BUILDING NOW EXPOSED TO OUTDOORS AND UNPROTECTED?	CAN THE BUILDING BE OCCUPIED?
IS THERE A <u>WRITTEN</u> ESTIMATE OR REPLACEMENT BILL FOR THE DAMAGE? IF YES, AMOUNT	
ATTORNEY INFORMATION (IF REPRESENTED)	

PROPERTY DAMAGE - CONTENTS/AUTO

IS THERE CONTENTS DAMAGE TO THE PROPERTY OF OTHERS?
IF YES, PLEASE COMPLETE THE FOLLOWING INFORMATION:

NAME	BUSINESS AND HOME PHONE NUMBERS AND EMAIL ADDRESS
ADDRESS	
DESCRIPTION OF DAMAGED PROPERTY	
LOCATION OF DAMAGED PROPERTY INCLUDING ADDRESS	
IS A <u>WRITTEN</u> ESTIMATE OR REPAIR REPLACEMENT BILL FOR THE DAMAGE AVAILABLE? IF YES, AMOUNT	
ATTORNEY INFORMATION (IF REPRESENTED)	
WITNESSES (NAMES, ADDRESSES, PHONE NUMBERS, AND EMAIL ADDRESSES)	

INSURED CONTACT INFORMATION

CONTACT NAME, PHONE NUMBER, EMAIL ADDRESS, AND BEST TIME TO CONTACT AND WHERE TO CONTACT
ADDITIONAL NOTES/COMMENTS OR CUSTOMER SPECIFIC INFORMATION



travelers.com

The Travelers Indemnity Company and its property casualty affiliates. One Tower Square, Hartford, CT 06183

This material is for informational purposes only. All statements herein are subject to the provisions, exclusions and conditions of the applicable policy. For an actual description of all coverages, terms and conditions, refer to the insurance policy. Coverages are subject to individual insureds meeting our underwriting qualifications and to state availability. CE-10346 New 11-17