



General Liability Claims Report Form

Company Name:	Date of Loss:
Contact's Name & Number:	
Location of Loss (Street, City & State):	
Authority Contacted:	
Description of Accident:	
Location Conditions (wet, dry, etc.):	
Pictures Taken:	Are They Attached:
Injured Party(ies) Name:	
Address:	
Phone Number:	
Damage or Injury:	
Hospital or Physician taken to:	
Name of Witness:	
Address:	
Phone Number:	
Report Completed By:	Date:
Please fax or mail into Koty-Leavitt Insurance Agency Fax: (520) 571-9667 or Mail: 6992 E Broadway Blvd. Tucson, AZ 85710	