

Paul Hanson Partners

PO Box 5990, Napa, CA 94581
LIC. #0L09546

Email: claims@paulhanson.com



GENERAL LIABILITY CLAIMS REPORTING FORM

Reporting Date: _____ **Date of Loss:** _____

POLICY NO.:	POLICY PERIOD:
	EFFECTIVE DATE: _____ EXPIRATION DATE: _____

INSURED NAME:	CONTACT:

INSURED ADDRESS:

INSURED PHONE NUMBER:
WORK: _____ HOME: _____

OCCURRENCE

LOCATION OF OCCURRENCE:	AUTHORITY CONTACTED:
DESCRIPTION OF OCCURRENCE:	

TYPE OF LIABILITY

PREMISES: INSURED IS [] OWNER [] TENANT [] OTHER	TYPE OF PREMISES:
OWNERS NAME AND ADDRESS:	
PHONE NO.:	

INJURED/PROPERTY DAMAGE

NAME AND ADDRESS OF OWNER:			
PHONE NO.:			
AGE:	SEX:	OCCUPATION	EMPLOYERS NAME AND ADDRESS:

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Phone: 800-852-1968 Fax: 707-252-5905

Email: claims@paulhanson.com

Website: www.paulhanson.com



GENERAL LIABILITY CLAIMS REPORTING FORM

DESCRIBE INJURY:	WHEN TAKEN:
DESCRIPTION OF DAMAGED PROPERTY:	AMOUNT OF LOSS?

WITNESSES

NAME:	NAME:
ADDRESS:	ADDRESS:
PHONE NUMBER:	PHONE NUMBER:

REMARKS:

REPORTED BY:	CONTACT PERSON:
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