

# Paul Hanson Partners

PO Box 5990, Napa, CA 94581

LIC. #OB64567

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

Email: [claims@paulhanson.com](mailto:claims@paulhanson.com)

Website: [www.paulhansonpartners.com](http://www.paulhansonpartners.com)



## GENERAL LIABILITY CLAIMS REPORTING FORM

Reporting Date: \_\_\_\_\_ Date of Loss: \_\_\_\_\_

Policy No:	Policy Period: Effective Date	Expiration Date:
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Insured Name:	Contact:
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Insured Address:
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Insured Phone Number: Work:	Home:
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## OCCURRENCE

Date of Loss:
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Location of Occurrence:	Authority Contacted:
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Description of Occurrence:
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## TYPE OF LIABILITY

Premises: Insured is <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Other	Type of Premises:
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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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## 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:
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Reported By:	Contact Person:
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