

Report all claims directly to Claim Report Channels:
Phone: 855-660-9675
Fax: 800-921-7683
Email: LMDClaims@yorkrsg.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 <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT <input type="checkbox"/> 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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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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