

**PERSONAL OR GENERAL LIABILITY LOSS NOTICE**

If this is a claim emergency, contact: 330.782.8068 and hold for an operator to assist you.

Date Reported: \_\_\_\_\_ Policy # \_\_\_\_\_

Insured Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Contact Email Address & Phone No: \_\_\_\_\_

Date of Accident : \_\_\_\_\_

Location of Accident, include Street, City, State: \_\_\_\_\_

Description of Accident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Injured Party or Owner of Property Damaged:

Name, Address & Phone: \_\_\_\_\_  
\_\_\_\_\_

Describe Injury: \_\_\_\_\_

Where was injured taken: \_\_\_\_\_

Describe Property: \_\_\_\_\_

Where can property be seen: \_\_\_\_\_

Witnesses:

Name, Address & Phone: \_\_\_\_\_  
\_\_\_\_\_