

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: _____
