



GENERAL AND E&O LIABILITY LOSS NOTICE

Date Completed (MM/DD/YY:)

1. MEMBER INFORMATION: Business Name And Mailing Address, Contact Person And Title, Contact Phone (A/C, NO.), Policy Number

2. INCIDENT INFORMATION: Defendant's Name, Defendant's Home Phone, Defendant's Work Phone, Date Of Incident, Time Of Loss, Location Of Accident, Police Contacted, Officer's Name, Police Report Number, Lawsuit Filed?, Description of Loss or Damage, Work Unit/Department

3. CLAIMANT INFORMATION: Name and Address 1, Home Phone (A/C. No.), Work Phone (A/C. No.), Social Security Number, DOB (MM/DD/YY), Gender, Occupation, Employer's Business Name and Mailing Address, Describe Injury, Where was injured taken?, What was injured doing?, Name and Address 2, Home Phone (A/C. No.), Work Phone (A/C. No.), Social Security Number, DOB (MM/DD/YY), Gender, Occupation, Employer's Business Name and Mailing Address

Describe Injury (In as much detail as possible, i.e. right arm, left leg): Fatality

Where was injured taken?	What was injured doing?
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4. PROPERTY DAMAGE:

Describe Property (Type, model, etc.):

5. WITNESSES:

NAMES AND ADDRESS:	Business Phone (A/C, No.)
	Residence (A/C. No.):
NAMES AND ADDRESS:	Business Phone (A/C, No.)
	Residence (A/C. No.):

6. REMARKS:

Complete this form and return to 3883LCRA@sedgwick.com