



Risk Management
Fund

Complete and Return to 3883LCRA@sedgwick.com

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 (MM/DD/YY:)

Time Of Loss:

☐ AM

☐ PM

Location Of Accident (Include City And State):

(NOTE: If more than one location affected, list in the REMARKS section.)

Police Contacted:

Yes ☐ No ☐

Officer's Name:

Police Report Number:

(please attach copy)

Lawsuit Filed?

Yes ☐

No ☐

(Please attach copy.)

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

F ☐

M ☐

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?

Name and Address 2:

Home Phone (A/C. No.):

Work Phone (A/C. No.):

Social Security Number:

DOB (MM/DD/YY):

Gender

F ☐

M ☐

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?

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