

GENERAL AND E&O LIABILITY LOSS NOTICE

					Completed (MM/	ŕ	
	Member Infori	MATION:					
Business Name And Mailing Address							
Contact Person And Title:				Contact Pho	one (A/C, NO.):		
Policy Number:							
	INCIDENT INFOR	MATION:					
efendant's Name:		Defendant's Home Phone:			Defendant's Work Phone:		
ate Of Incident (MM/DD/YY:)		AM			cident (Include City And State):		
Police Contacted: Officer's Name:		e Report			ed, list in the REMARK awsuit Filed?	S section.)	
res No	(nleas	(please attach copy) Work Unit/Department:			Yes Please attach copy.)	No	
Description of Loss or Damage:	The state of the s				(глеаѕе апасп сору.)		
	CLAIMANT INFOR						
nme and Address 1:		RMATION:	Work Phon	ne (A/C. No):	Social Securi	y Numbe	
	CLAIMANT INFOR	RMATION: o.):	er	ne (A/C. No): Occupation		y Numbe	
	CLAIMANT INFORM Home Phone (A/C. N DOB (MM/DD/YY):	RMATION:				y Numbe	
ame and Address 1:	CLAIMANT INFORM Home Phone (A/C. N DOB (MM/DD/YY):	RMATION: o.):	er			y Numbe	
ame and Address 1:	CLAIMANT INFORM Home Phone (A/C. N DOB (MM/DD/YY):	RMATION: o.):	er			y Numbe	
ame and Address 1: Employer's Business Name and Mailing Ad	CLAIMANT INFORM Home Phone (A/C. N DOB (MM/DD/YY):	Gend	er			y Numbe	
ame and Address 1: Employer's Business Name and Mailing Ad	CLAIMANT INFORM Home Phone (A/C. N DOB (MM/DD/YY):	Gend	er			y Numbe	
ame and Address 1: Employer's Business Name and Mailing Ad	CLAIMANT INFORM Home Phone (A/C. N DOB (MM/DD/YY):	Gend F	er			y Numbe	
ame and Address 1: Employer's Business Name and Mailing Ad Describe Injury (In as much detail as possi	CLAIMANT INFOR Home Phone (A/C. N DOB (MM/DD/YY): ddress	Gend F	er M				
ame and Address 1: Employer's Business Name and Mailing Address Name and Mailing Name and Name a	CLAIMANT INFORM Home Phone (A/C. Note: DOB (MM/DD/YY): ddress ible, i.e. right arm, left leg): What was injured doing	Gend F	er M	Occupation	Social Securit		

	Describe Injury (In as much detail as possible, i.e. right arm, left leg): Fatality						
	Where was injured taken?	What was injured d	oing?				
	Where was injured taken:	Wilat was injured d	onig:				
4.		PROPERTY	DAMAGE:				
	Describe Property (Type, model, etc.):						
_							
5.		WITNE					
	NAMES AND ADDRESS:		Business Phone (A/C, No.)				
			Residence (A/C. No.):				
	NAMES AND ADDRESS:		Business Phone (A/C, No.)				
	NAMES AND ADDITESS.						
			Residence (A/C. No.):				
			Residence (A/C. No.).				
6.		D					
Ο.		REMA	RKS:				

Complete this form and return to <u>3883LCRA@sedgwick.com</u>