



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: Lawsuit Filed? Yes No

(please attach copy) (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 3896TWCARMF@sedgwick.com