

# Liability Claim Reporting Form

Office Use:  
Client Code \_\_\_\_\_

Today's Date: \_\_\_\_\_

Policy No.: \_\_\_\_\_

**Named Insured (Include DBA if applicable):** \_\_\_\_\_

Mailing Address of Insured: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Loss: \_\_\_\_\_ Time of Loss: \_\_\_\_\_

Address where the Incident Occurred (incl City & State): \_\_\_\_\_

Describe what happened: \_\_\_\_\_

\_\_\_\_\_

Police Contacted?  Yes  No

Fire Dept. Contacted?  Yes  No

Department Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Case No.: \_\_\_\_\_

Name of Claimant/Injured: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

### Witness Information:

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_

Witness Statement: \_\_\_\_\_

Have you been Served with Court Documents?  Yes  No

Questions &/or Special Issues to be Addressed: \_\_\_\_\_

\_\_\_\_\_

Form Completed By: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Email to [claims@pennbrookins.com](mailto:claims@pennbrookins.com)

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