



General Liability First Notice of Loss Questions

Mandatory questions are marked with an asterisk *

Initial Information		
*Is this a Notice Only Claim?	Date of Incident	Time of Incident
Date Insured Notified	*Incident State	*Insured Name

Business Location		
*Location Name	*Address 1	Address 2
*City	*State	*Zip
*County	Country	
Telephone Number	Extn	Fax Number
Is the mailing address the same?	Address 1	Address 2
City	State	Zip
County	Country	Federal ID Number

Policy		
Policy Number	Policy Name	Policy Effective Date
Policy Expiration Date		

Location Code		
Location Code Level 1	Location Code Level 2	Location Code Level 3
Location Code Level 4	Location Code Level 5	Location Code Level 6

Incident Information		
*Was there Property Damage?	*Were there injuries?	*Did the incident occur on the Insured premises?
Address 1	Address 2	City
*State	Zip	County
Country	*Provide a brief description of the incident	

Emergency Services		
Were authorities contacted?	Which authority was contacted?	
Police Authority Name	(Police) Report Number	(Police) Violations/Citations
(Fire) Authority Name	(Fire) Report Number	(Fire)Violations/Citations
(Other) Name	(Other) Telephone Number	

Type of Liability		
Does the incident involve (Premises, Product, Other)?		
If answer is Premises	Is the insured the (Owner, Tenant, Other) of the property where the incident occurred	
If answer is Owner	Type of Premises	Damage Description
If answer is Tenant	Type of Premises	Damage Description
If answer is Other	If Other, describe	Type of Premises
	Damage Description	
If answer is Product	Type of Product	Where can product be seen?

Type of Liability (con't)		
Is the insured the (Manufacturer, Vendor, Other)?		
If answer is Manufacturer	Damage Description	
If answer is Vendor	Damage Description	
If answer is Other	If Other, describe	Damage Description

Property Damage		
Describe the damaged property	Estimated damages (\$)	Where can the property be seen?
When can the property be seen?	First Name	Last or Company Name
Address 1	Address 2	City
State	Zip	County
Country	Telephone Number	Extn
Are there additional property owners? (If yes, click on Add Additional Property Owner Details)		

Injured Parties		
First Name	Last Name	
Address 1	Address 2	City
State	Zip	County
Country	Telephone Number	
Date of Birth	Age	Gender
Social Security Number	Injured Occupation	
What was the injured party doing at the time of the incident?	Describe the injury	Was the injury fatal?
Date of Death	Was the Injured party taken to a hospital?	Hospital Name
Address 1	Address 2	City
State	Zip	County
Country	Telephone Number	Extn
Were they admitted to the hospital?	Was anyone else injured in this incident? (If yes, click Add Additional Injured Parties)	

Witness		
Were there any Witnesses to the incident?	First Name	Last Name
Address 1	Address 2	City
State	Zip	County
Country	Telephone Number	Extn

Report Information		
*Are you the contact for this incident?	First Name	Last Name
Business Phone Number	Cell Number	Fax Number
Email Address	What is the best time of contact From/To?	What are the best days to contact you?
What is your preferred method of contact?		
Do you have any additional comments regarding this incident?		