

# General Liability Loss Report

Insured: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Date of the Accident: \_\_\_/\_\_\_/\_\_\_ Type of Loss: \_\_\_\_\_

Contact Number: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

► **Location of the Occurrence:**

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

► **Description of the Accident:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

► **Injured/Property Damage**

Name: \_\_\_\_\_ Age: \_\_\_ Sex: \_\_\_\_\_ Occupation: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Describe the Injury:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If injured was taken anywhere, please list: \_\_\_\_\_

Describe the Property (Type, model #, etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Est. loss amount: \$** \_\_\_\_\_

When & where the property can be seen: \_\_\_\_\_

\_\_\_\_\_

► **Witnesses**

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Additional Remarks: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Reported By:** \_\_\_\_\_

Fax or email this document to The Jacobs Company, Inc.

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**Fax # (301) 621-3043 or (410) 381-2105**

**www.jacobscompany.com**