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# General Liability Claim Form

Contact: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Property Name: \_\_\_\_\_ Property Phone No.: \_\_\_\_\_  
Property Address: \_\_\_\_\_ Property Manager: \_\_\_\_\_  
Date of Loss: \_\_\_\_\_ Time of Loss: \_\_\_\_\_ Location of Loss: \_\_\_\_\_ Unit #: \_\_\_\_\_

## GENERAL LIABILITY

Name of Claimant: \_\_\_\_\_  
Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_  Business  Home  Cell

## TYPE OF LOSS

Bodily Injury  Property Damage

## DESCRIPTION (PROPERTY DAMAGE, INJURY, BODY PART(S), SYMPTOMS); HOW DID THE LOSS OCCUR?

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

Weather Conditions (if applicable) \_\_\_\_\_

Visible Hazards. Please explain in detail.  Water  Grease  Tripping Hazards  Other (explain) \_\_\_\_\_

## BODILY INJURY

Injured transported to Hospital?  Yes  No Onsite First Aid?  Yes  No

Name and Address of hospital: \_\_\_\_\_

## PROPERTY DAMAGE

Estimate of Loss \$ \_\_\_\_\_

## WITNESS INFORMATION

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

Phone No.: \_\_\_\_\_  Business  Home  Cell

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

Police Contacted:  Yes  No Name of Officer: \_\_\_\_\_ Phone No. \_\_\_\_\_ Case No.: \_\_\_\_\_

Fire Dept. Contacted:  Yes  No Name of Officer: \_\_\_\_\_ Phone No. \_\_\_\_\_ Case No.: \_\_\_\_\_

## POST INCIDENT INSPECTION

Casual Analysis: \_\_\_\_\_

Recommendation to Prevent Reoccurrence: \_\_\_\_\_

Please include any photos of the scene or injury. There will be an option to attach them once you click Submit. You will be prompted to choose **Desktop Email Application** or **Internet Email**. If you choose **Desktop Email Application** a new email will appear with your completed form attached. This will allow you to also include any photos you may have. If you choose **Internet Email** you will be prompted to save the completed PDF to your computer. You can then email the form and any photos to [claims@legacyrisk.net](mailto:claims@legacyrisk.net).

Reported By _____	Signature _____
Title _____	Date _____