



Insurance Agency

LIABILITY LOSS NOTICE

DATE ____/____/____

Date of Loss ____/____/____ **Reported by** _____

Name Insured _____

Address of Insured _____

City, State, Zip _____/_____/_____

Location of Loss (if different than shown above):

Description of Loss & Damage:

Name of injured/damaged party _____

Address of other party _____

Phone # of other party _____ (home) _____ (work)

Describe damage to other property? ie: Type of property, building, etc.

Anyone injured/hospitalized? _____

What phone number may we contact you? _____

What is your best guess as to the amount of damage? \$ _____

Signed _____ **Date** _____

Please fax completed form to (574) 252-2109