



GENERAL LIABILITY REPORTING FORM

Once completed please email to John.burkart@ioausa.com

Insured Name: _____

Policy Number: _____

Effective: _____

CONTACT AT THE ASSET:

Record Only? Yes No Bodily Injury Property Damage

Location Name: _____ Location Code: _____

Physical Address: _____

Contact Name: _____

Telephone: _____ Email: _____

LOSS INFORMATION:

Description of precise location where incident occurred (e.g., front hallway next to front

desk) _____

Date and Time of Incident:

Weather:

Clear Sunny Rain Snow

Lighting:

Good Poor N/A

Claimant: _____

Physical Address: _____

Telephone: _____ Email: _____

DESCRIPTION:

Is claimant pursuing a claim? Yes No

Does claimant want to be contacted? Yes No

Description of Incident: _____

Was medical treatment sought?

Yes No

If yes, where was the injured taken?

Bodily Injury (specify): _____ Property Damage (specify): _____

WITNESS CONTACT

1. Name: _____ Telephone/Email: _____

Address: _____

2. Name: _____ Telephone/Email: _____

Address: _____

Completed by: _____ Date: _____ Telephone/Email: _____