



General Liability Claim Page for Prime Meridian Clients Only

Please complete as much information as possible in this form and fax it back to us. Please include any legal notices associated with this request (630-587-9826). One of our account specialists will contact you if additional information is needed.

Insured's Name: _____

Today's date: _____

Insured's Phone: _____

Insured's Email address: _____

CLAIMANT INFORMATION

Date of Loss: _____ Time of Loss: _____

Name of Claimant _____

Phone Number (work): _____ Phone Number (home): _____

Street Address: _____ City: _____ State: _____

Claimant Description: (ie. is the claimant a tenant, customer, etc) _____

CLAIM OR INJURY

Describe the claim or injury: _____

Describe the causes of the claim/injury: (include any circumstances or conditions causing the occurrence) _____

CLAIM OR INJURY CONTINUED

Witness 1 Name: _____ Phone: _____

Witness 2 Name: _____ Phone: _____

Were the police called? Yes No Was an ambulance called? Yes No

Where was the claimant taken? _____

Comments: _____

This form is completed by: _____

Notes: Please promptly forward any legal notices from claimants.