



ADVENTIST RISK MANAGEMENT, INC.
 Attn: Claims & Legal Services Department
 P O Box 8007 * Riverside, CA 92515 *
 (800) 255-9090 (ext. 6823) FAX (909) 353-6848

GENERAL LIABILITY
LOSS NOTICE
 (Ed. 11/99)

ABOUT THE INSURED

Insured Entity Name & Address	Contact Person	Contact's Phone
Church or School or other:		Home:
Conference:	Title:	Work:

ABOUT THE LOSS

Date of Loss:	Time of Loss:
Description of Accident/Nature of Activity (Use additional sheet if necessary)	

ABOUT THE LOCATION OF INCIDENT

Name & Address of Owner of Premises (If not the Insured)	Phone Number	Relationship to Insured
Location of Accident (include City & State)		

ABOUT THE INJURED PERSON OR DAMAGED PROPERTY

Name & Address (Injured/Owner)		Phone Number
Date of Birth	Sex	Describe Injury or Damage (example: fractured arm; sprained back, broken window, etc.)
Describe Property (Type, Model, Etc.)		Estimated Amount of Repair (if known)
Employer's Name & Address (please indicate relationship to insured/entity, if any.)		Phone Number

ABOUT WITNESSES

Name & Address	Work Phone	Home Phone

COMMENTS (Use additional sheets if necessary)

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Reported by	Reported To		Signature of Insured	

