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Liability Loss Report

Date of Occurrence: _____ / _____ / _____ Time: _____ am/pm

Location of Occurrence: _____

YOUR INFORMATION:

Company Name: _____ Policy No.: _____

Your Name: _____ Position: _____

PROPERTY DAMAGED:

Name and Address of Owner: _____

Phone Number: _____ Home: _____ Work: _____

Describe Property: _____

Estimate Amount: _____

Description of Occurrence: _____

Injuries? Y / N If Yes, explain: _____

NOTES: _____
