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General Liability Claim Report

Email this form to: reportclaims@certusclaims.com

Claim

Incident

Record Only

SECTION I: General Information

BROKER NAME:

TODAY'S DATE:

LOCATION CODE:

DATE AND TIME OF OCCURRENCE:

PERSON MAKING REPORT:

PHONE:

SECTION II: Insured

NAME:

CONTACT NAME:

EMAIL:

ADDRESS:

PHONE:

FAX:

CITY / STATE / ZIP CODE:

WHEN BEST TO CONTACT:

OTHER NUMBERS:

SECTION III: Occurrence

LOCATION:

DESCRIPTION:

POLICY OR AGENCY CONTACTED:

SECTION IV: Type of Liability

PREMISES

PRODUCTS

OTHER (DESCRIBE):

PERSONAL INJURY

CONSTRUCTION

OTHERS INVOLVED (CONTRACTORS, LESSEES, CONCESSIONAIRES)? PLEASE DESCRIBE:

WHERE CAN PRODUCT BE SEEN?

SECTION V: Injured / Property Damaged

NAME:

HOME PHONE:

WORK PHONE:

ADDRESS:

PERSON TO CONTACT:

PHONE NUMBER:

CITY / STATE / ZIP CODE:	SOCIAL SECURITY NUMBER:	DRIVERS LICENSE:
EMPLOYER:	DAMAGE ESTIMATE:	WORK RELATED: <input type="checkbox"/> YES <input type="checkbox"/> NO
DESCRIBE INJURY OR DAMAGE:	WHERE TAKEN:	FATALITY: <input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION VI: Witnesses

NAME(S) AND ADDRESS:	HOME PHONE:	WORK PHONE:

REMARKS:

SECTION VII: Instructions

Coverage: General Liability covers most accidents or incidents that are under your control. Any matter that involves a motor vehicle needs to be on an **Automobile Claim Notice** and not on this form. If this is a *report only* and needs no follow up by Certus Claims Administration, LLC, so indicate.

Broker: This is the person at the company that services your policy. Their names usually appear on the policy Declaration Page, which is attached to the policy and contains a general description of the policy.

Location Code: This code is supplied to you by Certus Claims Administration, LLC and is a security feature.

Reporting Persons: Complete the top portion with described information.

Insured: This is you, your company or organization insured by an insurance policy or self-insured. Make sure to give information on how to contact you during and after business hours.

Occurrence: Any accident event where a person is injured, claims injury or possibly involved in an injury. Also, tangible damage to business or personal property would be an occurrence. Multiple injuries and property damage are all considered one occurrence. Describe the **exact** location where the accident or incident occurred. The more detail the better. Have the injured party take you to where the matter occurred and have them describe what happened. Attach additional paperwork as needed.

Type of Liability: Premises is usually a part of the business (stairway, walkway, parking lot etc.) or personal residence. Premises can be owned, managed, leased or controlled by the insured. Products involve injury to persons from manufactured or prepared products. Food service is considered a product. Personal Injury is nonphysical injury to a person. **Other Acts** could be improper security, liquor liability or an act caused by one person or persons to another.

Injured/Property damaged: Self-explanatory. Obtain as much information as possible. It is critical to get age, address and SSN. Other personal information is helpful and should be obtained. Describe infirmities and use of glasses or footwear. Use additional forms or separate paper for multiple injuries or property damage.

Witnesses: We need independent information to verify an occurrence. Witnesses are critical to an investigation. Remember that witnesses do not have to actually witness the incident to be important. They could verify that nothing actually happened or be able to describe the alleged defect or act that is the subject of the report.

Remarks: Any comments that will assist the investigator. Stick to the facts and do not editorialize. Reports of problems should be directed to management separately.

SECTION VIII: Helpful Tips

Remember that an injury to a person or damaged property is a heavy emotional experience. Make sure that you are calm and put the person at ease. Make them feel comfortable about talking to you. Do not accuse or sound like you are discounting their credibility. Be sympathetic without admitting any fault. Tell the parties' that the matter is being investigated and that an adjuster will contact them.

If this is a premises accident, obtain pictures of the scene. Take photos even if you are uncertain of the mechanics of the fall or the alleged hazard is not observed. Record the date and person taking the pictures. 35 mm photographs are preferred.

If the incident or accident involves a product, determine the make, model and serial number and identification of the product. Indicate where it can be inspected. If food service is involved, identify the supplier and preserve the evidence.

Take the time to do a thorough report, as it will save time and money. Call Certus Claims Administration, LLC if you need help.

SECTION IX: Important State Information

Applicable in Arizona

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Applicable in Arkansas, District of Columbia, Kentucky, Louisiana, Maine, Michigan, New Jersey, New Mexico, New York, Pennsylvania, Tennessee and Virginia

Any person who knowingly and with intent to defraud any insurance company or another person, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and [NY: substantial] civil penalties. In DC, LA, ME, TN and VA, insurance benefits may also be denied.

Applicable in California

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Applicable in Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in Florida and Idaho

Any person who Knowingly and with the intent to injure, Defraud, or Deceive any Insurance Company Files a Statement of Claim Containing any False, Incomplete or Misleading information is Guilty of a Felony.*

*In Florida – Third Degree Felony

Applicable in Hawaii

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Applicable in Indiana

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Applicable in Minnesota

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Applicable in Nevada

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false,

incomplete or misleading information concerning a material fact is guilty of a felony.

Applicable in New Hampshire

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

Applicable in Ohio

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in Oklahoma

WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.