



# Claim Notification Form Property, General Liability or Professional Liability Claim

In the event of an incident or potential claim, please complete this form, fax it to 619-234-8601, or e-mail to **Dan Smith**, Claims Risk Advisor (dsmith@cavignac.com). In his absence, **Meghan Dickerson** will assist you (mdickerson@cavignac.com). Dan's direct phone number is 619-744-0576; the main line is 619-234-6848.

Insured Name \_\_\_\_\_  
Insured Address \_\_\_\_\_

Location of Loss \_\_\_\_\_  
Loss or Discovery Date \_\_\_\_\_ Time of Loss \_\_\_\_\_

Person Reporting \_\_\_\_\_ Date \_\_\_\_\_  
E-Mail \_\_\_\_\_ Phone Number \_\_\_\_\_

Description of Loss:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other parties involved (name, address, phone number, description of injuries/damages)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witnesses (name, address, phone number)  
\_\_\_\_\_  
\_\_\_\_\_

## INCIDENT REPORTED TO:

Police Department \_\_\_\_\_ Case Number \_\_\_\_\_  
Fire Department \_\_\_\_\_

Additional comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_