

Claim Notification Form

Property, General Liability of Professional Liability Claim

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

Insured Name:	<input type="text"/>	<input type="text"/>
Insured Address:	<input type="text"/>	<input type="text"/>
Location of Loss:	<input type="text"/>	<input type="text"/>
Loss of Discovery Date:	<input type="text"/>	Time of Loss: <input type="text"/>
Person Reporting:	<input type="text"/>	Date: <input type="text"/>
Email:	<input type="text"/>	Phone Number: <input type="text"/>
Description of Loss:	<input type="text"/>	
Other parties involved: (name, address, phone number, description of injuries/damages)	<input type="text"/>	
Witnesses: (name, address, phone number)	<input type="text"/>	

Incident Reported To:

Police Department:	<input type="text"/>	Case Number:	<input type="text"/>
Fire Department:	<input type="text"/>		
Additional Comments:	<input type="text"/>		