## 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 email to Dan Smith, Claims Risk Advisor (dsmith@cavignac.com). In his absence, Meghan Dickerson

(mdickerson@cavignac.com) will assist you. Dan's direct phone number is 619-744-0576; the main line is 619-234-6848.

Insured Name:				
Insured Address:				
Location of Loss: Loss of Discovery Date:	Time of	f Loss:		
Person Reporting:			Date:	
Email:		Phone I	Number:	
Description of Loss:				
Other parties involved (name, address, phone nu injuries/damages)	l: mber, description of			
Witnesses: (name, address, phone nu	mber)			
<b>Incident Repo</b>	rted To:	<u>)COCOCC</u>	0000000	COCOCO
Police Department:		Case N	umber:	
Fire Department:				
Additional Comments:				