Property & General Liability Claim Notification Form

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, Mike Smith (msmith@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: Person Reporting: Date: 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: Additional Comments:	2/10/10/10	110/10/10/10/1	10/10/10/10	110/10/10/10/
Location of Loss: Loss of Discovery Date: Person Reporting: Date: Email: 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: Fire Department: Additional	Insured Name:			
Loss of Discovery Date: Person Reporting: Date: Email: Description of Loss: Other parties involved: (name, address, phone number, description of injuries/damages) Witnesses: (name, address, phone number) Incident Reported To: Police Department: Fire Department: Additional	Insured Address:			
Email: 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	Loss of Discovery Date:	Time of Loss:		Date:
Other parties involved: (name, address, phone number, description of injuries/damages) Witnesses: (name, address, phone number) Incident Reported To: Police Department: Fire Department: Additional			Phone Number:	
(name, address, phone number, description of injuries/damages) Witnesses: (name, address, phone number) Incident Reported To: Police Department: Fire Department: Additional	Description of Loss:			
Police Department: Case Number: Additional	(name, address, phone nu injuries/damages) Witnesses:	mber, description of		
Police Department: Case Number: Additional				
Fire Department: Additional	Incident Repo	rted To:		
Additional			Case Number:	
	Fire Department:			