

PROTÉGÉ INSURANCE BROKERS, INC. ---- LIABILITY CLAIM FORM

Fax Form To: 619-275-2342

or

Email to: claim@protegebrokers.com

Ver 8/12

1. Insured (Owner) Names : _____

2. Business Name: _____

3. Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Cell #: _____

Work #: _____ Email: _____

4. Insurance Carrier: _____ Policy #: _____

5. Type of Liability Claim: ☐ General Liability ☐ Professional ☐ Physical/Sexual Abuse

6. Date of Loss/Incident Occured: _____ Time: _____

7. Location of Loss: _____

8. Anyone Injured? ☐ YES ☐ NO

Name of Injured Party: _____

Address: _____

Phone: _____

9. Describe injury/incident: _____

10. Reported to Authorities: ☐ YES ☐ NO If Yes, when: _____

☐ Police ☐ Fire Dept. ☐ Licensing ☐ Other: _____

11. Injured Party Retained Attorney: ☐ YES ☐ NO

Name of Law Firm: _____

Attorney Name: _____

Address: _____

Phone: _____

Email: _____

Person Reporting Claim: _____ Phone: _____

Email: _____ Relation to Insured: _____

Signature of Person Reporting Claim:

Date