

# Liability Loss Notice

Loss Information	
Named Insured: _____	
Date of Loss: _____	Time of Loss: _____
Contact: _____	Date Reported: _____
Telephone: _____	Reported By: _____
Location	
_____ _____ _____ _____	
Description	
_____ _____ _____ _____	
Claimant	
_____ _____ _____ _____	
Damaged Property	
_____ _____ _____ _____	
Witnesses	
_____ _____ _____ _____	