



Claim Notification Form

Property, General Liability, Professional, or Misc. Liability Claim

In the event of an incident or potential claim, please complete this form, fax it to 619-234-8601, or e-mail to **Bettye McLaurin**, Claims Coordinator (bmclaurin@cavignac.com). In her absence, **Dan Smith** will assist you (dsmith@cavignac.com). Bettye's direct phone number is 619-744-0556; the main line is 619-234-6848.

Insured Name _____
Insured Address _____
Location of Loss _____
Loss or Discovery Date _____ Time of Loss _____
Person Reporting _____ Date _____
E-Mail _____ 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 _____ Report Number _____

ADDITIONAL INFO:

Provide additional comments and documentation (photos/video; internal reports, witness statements, applicable contracts, other insurance)

Lawsuit Received? If so what date and method of service:

