



GENERAL LIABILITY | EXCESS | UMBRELLA CLAIM FORM
Bodily Injury or Damage to Property of Others
(PLEASE FILL OUT)

Insured's Name: _____ Location Code: _____

Insurance Company: _____ Policy Number: _____

Date of Incident: _____ Time: _____ AM/PM: _____

Loss Location: _____

Name of Injured Party: _____ Date of Birth: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____ Ext. _____

Occupation: _____ Type of Loss or Injury: _____

Where was Injured Party Taken: _____ Authority Contacted: _____ Rpt # _____

Witness(es):

Name: _____ Name: _____

Address: _____ Address: _____

Phone No.: _____ Phone No.: _____

If Property Damage, specify item and amount of loss, if known: _____

Est.: \$ _____

Other Important Details: _____

Reporting Manager: _____ Phone: _____ Date: _____

Signature: _____

Email copy of this report to:

claimsreport@sullicurt.com

If you have any questions after submission of claim form, please call (800) 427-3253.

Please confirm when you receive confirmation of your claim and adjuster assignment from your carrier.