

GENERAL LIABILITY LOSS REPORTING FORM



THE OHIO STATE UNIVERSITY

INSURANCE INFORMATION

INSURED CONTACT PHONE NUMBER	PREPARER'S TITLE AND NAME	
INSURED NAME AND ADDRESS		
INSURED MAILING ADDRESS (IF DIFFERENT FROM ABOVE)		
DID THE LOSS OCCUR AT THE LOCATION ADDRESS? (IF NO, ADDRESS WHERE LOSS OCCURRED) (CIRCLE ONE) YES / NO		
PARENT COMPANY/INSURED'S NAME	LOCATION CODE	POLICY NUMBER

LOSS INFORMATION

DATE AND TIME OF LOSS
FULL DESCRIPTION OF LOSS (INCLUDE WHERE IT OCCURRED AND ATTACH APPLICABLE PHOTOS)

INJURIES

WERE THERE ANY INJURIES? (CIRCLE ONE) YES / NO IF YES, PROVIDE THE FOLLOWING INFORMATION FOR EACH INJURED PERSON. IF NEEDED, USE MULTIPLE COPIES OF THIS FORM AND SUBMIT THEM JOINTLY.	
NAME	
BUSINESS PHONE NUMBER	PERSONAL PHONE NUMBER
ADDRESS (CIRCLE ONE) BUSINESS/HOME	
DATE OF BIRTH	GENDER
DESCRIPTION OF INJURY	
MEDICAL FACILITY (IF TREATMENT RECEIVED)	
ATTORNEY INFORMATION (IF REPRESENTED)	

PROPERTY DAMAGE

IS THERE DAMAGE TO THE PROPERTY OF OTHERS? (CIRCLE ONE) YES / NO IF YES, DID THE LOSS INVOLVE BUSINESS DAMAGE? (CIRCLE ONE) YES / NO IF YES, PROVIDE THE FOLLOWING INFORMATION:		
NAME	BUSINESS PHONE NUMBER	PERSONAL PHONE NUMBER
BUSINESS ADDRESS		
DESCRIPTION OF DAMAGED PROPERTY		
IS THE INTERIOR OF THE BUILDING EXPOSED TO THE OUTDOORS AND UNPROTECTED?	CAN THE BUILDING BE OCCUPIED?	
DO YOU HAVE A WRITTEN ESTIMATE OR REPLACEMENT BILL FOR THE DAMAGE?	IF YES, WHAT IS THE AMOUNT?	
ATTORNEY INFORMATION (IF REPRESENTED)		

PROPERTY DAMAGE (CONTINUED)

IF YES, DID THE LOSS INVOLVE OTHER/CONTENTS DAMAGE? (CIRCLE ONE) YES / NO
IF YES, PROVIDE THE FOLLOWING INFORMATION:

NAME	BUSINESS PHONE NUMBER	PERSONAL PHONE NUMBER
BUSINESS ADDRESS		
DESCRIPTION OF DAMAGED PROPERTY		
LOCATION OF DAMAGED PROPERTY (INCLUDING ADDRESS)		
DO YOU HAVE A WRITTEN ESTIMATE OR REPLACEMENT BILL FOR THE DAMAGE?	IF YES, WHAT IS THE AMOUNT?	
ATTORNEY INFORMATION (IF REPRESENTED)		
WITNESS NAMES	WITNESS ADDRESSES	WITNESS PHONE NUMBERS

CONTACT INFORMATION

CONTACT NAME	PHONE NUMBER	BEST TIME TO CONTACT	WHERE TO CONTACT
LIST ANY ADDITIONAL INFORMATION RELEVANT TO THIS REPORT			