

Liability Claim Reporting Form

Office Use:
Client Code _____

Today's Date: _____

Policy No.: _____

Named Insured (Include DBA if applicable): _____

Mailing Address of Insured: _____

Contact Name: _____ Phone No.: _____

Email Address: _____

Date of Loss: _____ Time of Loss: _____

Address where the Incident Occurred (incl City & State): _____

Describe what happened: _____

Police Contacted? Yes No

Fire Dept. Contacted? Yes No

Department Name: _____ Phone No.: _____ Case No.: _____

Name of Claimant/Injured: _____

Address: _____

Phone No.: _____ Email: _____

Witness Information:

Name: _____ Phone No.: _____

Address: _____

Witness Statement: _____

Have you been Served with Court Documents? Yes No

Questions &/or Special Issues to be Addressed: _____

Form Completed By: _____ Phone No.: _____

Title: _____ Date: _____

Email to claims@pennbrookins.com

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