



# NORTH AMERICAN DIVISION GENERAL LIABILITY STATEMENT OF LOSS

12501 Old Columbia Pike - Silver Spring, MD 20904  
OFFICE: (301) 680-6870 | FAX: (301) 680-6878  
EMAIL: claims@adventistrisk.org

CONFERENCE: \_\_\_\_\_

▷ **ABOUT THE INSURED:**

CHURCH / SCHOOL / OTHER NAME: \_\_\_\_\_

CONTACT PERSON NAME: \_\_\_\_\_

TELEPHONE | BUSINESS: \_\_\_\_\_ RESIDENTIAL: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

CHURCH / SCHOOL / OTHER ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

▷ **ABOUT THE LOSS: DATE & TIME OF LOSS**

MONTH	DAY	YEAR	TIME
			AM PM

DESCRIPTION OF ACCIDENT: \_\_\_\_\_

▷ **ABOUT THE LOCATION OF INCIDENT:**

NAME OF OWNER OF PREMISES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE | BUSINESS: \_\_\_\_\_ RESIDENTIAL: \_\_\_\_\_ RELATIONSHIP TO INSURED: \_\_\_\_\_

▷ **ABOUT THE INJURED PERSON OR DAMAGED PROPERTY:**

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_  MALE  FEMALE

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE | BUSINESS: \_\_\_\_\_ RESIDENTIAL: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

DESCRIPTION INJURY OR DAMAGE: (EXAMPLE: FRACTURED ARM, SPRAINED BACK, BROKEN WINDOW, ETC.)

DESCRIBE PROPERTY: (TYPE, MODEL, ETC.) \_\_\_\_\_ ESTIMATED AMOUNT OF REPAIR: \_\_\_\_\_

EMPLOYER'S NAME: \_\_\_\_\_ RELATIONSHIP TO INSURED / ENTITY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE | BUSINESS: \_\_\_\_\_ RESIDENTIAL: \_\_\_\_\_

▷ **WITNESS:**

FIRST NAME: \_\_\_\_\_ M.I. \_\_\_\_\_ LAST NAME: \_\_\_\_\_

TELEPHONE | BUSINESS: \_\_\_\_\_ RESIDENTIAL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

▷ **COMMENTS:**

\_\_\_\_\_

▷ REPORTED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_ PHONE# \_\_\_\_\_

REPORTED TO: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE (MM/DD/YYYY): \_\_\_\_\_

▷ SIGNATURE OF INSURED: \_\_\_\_\_ DATE (MM/DD/YYYY): \_\_\_\_\_



## GENERAL LIABILITY

### CLAIM INFORMATION

IMMEDIATE AND TIMELY REPORTING IS CRITICAL

#### DOCUMENTATION NEEDED: (TO ACCOMPANY COMPLETED CLAIM FORM)

- If an attorney is involved, provide name and address.
- Have papers been served? If so, when? Attach a copy.
- Copies of medical bills, if any.

#### ADDITIONAL DOCUMENTATION NEEDED FOR MEDICAL PROFESSIONAL LIABILITY SITUATIONS:

- Medical Records
- Incident Report
- Any statements by medical personnel.

#### PROCEDURE:

Please send above information to Adventist Risk Management, Inc. ARM may assign an adjuster in complex situations, it is important for you to cooperate with them. If there are any problems, let us know immediately.

ANY ADDITIONAL INFORMATION MUST BE FORWARDED UPON RECEIPT

#### Adventist Risk Management, Inc.

12501 Old Columbia Pike

Silver Spring, MD 20904

OFFICE: (301) 680-6870 - FAX: (301) 680-6878

EMAIL: [claims@adventistrisk.org](mailto:claims@adventistrisk.org)

#### Robert H. Burrow | JD

Managing Claims Counsel

OFFICE: (301) 680-6875

CELL: (301) 346-9642

EMAIL: [rburrow@adventistrisk.org](mailto:rburrow@adventistrisk.org)

#### Donna L. Diaz | JD

Claims Counsel

OFFICE: (951) 353-6803

CELL: (951) 754-3574

EMAIL: [ddiaz@adventistrisk.org](mailto:ddiaz@adventistrisk.org)

#### J. Victor Elliott | AIC

Claims Counsel

OFFICE: (301) 680-6808

CELL: (301) 332-2017

EMAIL: [jvelliott@adventistrisk.org](mailto:jvelliott@adventistrisk.org)

#### Geoffrey Hayton | JD

Claims Counsel

OFFICE: (951) 353-6822

CELL: (909) 894-8235

EMAIL: [ghayton@adventistrisk.org](mailto:ghayton@adventistrisk.org)