

General Liability Claim Begin the Claim

Asterisk (*) indicates required field



What is your relationship to the claim

Policyholder Claimant Attorney Agent Other

* First Name * Last Name

Address

City State Zip Code

Home Phone

Work Phone ext

Cell Phone *At least one phone number required.

E-mail

A copy of this Web Reported Claim will be sent to the above e-mail address.

* Date of Loss

Approximate Time of Loss

* Claim Type

We appreciate the time you are taking to complete this claim. Entering as much information as you can provide will expedite handling. For questions or problems, please contact us.

General Liability Claim Policyholder Information

Asterisk (*) indicates required field

Check if same as person reporting the claim

Yes No

* Company Name

* First Name

* Last Name

Address

City

State

Zip Code

Home Phone

Work Phone

ext

Cell Phone

**At least one phone number required.*

E-mail

Preferred Contact

Policy #

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General Liability Claim

Claim Details

Asterisk (*) indicates required field

Check if same as
as Policyholder

Yes No

* Loss Location (Street)

Building/Location #

* City

* County

State

Zip Code

Briefly describe what
happened in the
incident and specify
the damage/injury

Were local authorities
notified or on the scene?

Yes No

Agency Name/Precinct

Cause of Loss

Is the property habitable?

Yes No

Is there structural
damage?

Yes No

Estimated amount
of entire loss

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General Liability Claim Summary

Asterisk (*) indicates required field

**Your claim is now ready for submission.
Please review all claim information and make any changes needed before submitting.**

Is there anything else that you would like to note?

When you have completed this form, please save a copy for yourself and email the form and any attachments to reportclaim@narisk.com. We will send you an acknowledgment electronically that we have received it.

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