



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

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