PECK & COMPANY
INSURANCE BROKERAGE

General Liability Notice of Occurrence/Claim

CLAIMS EMAIL Claims@PeckandCo.com

Today's Date/Time		Reported by	
Insured's Name		Phone Number	
DBA Name		Fax Number	
Policy Number		Email Address	

OCCURRENCE DETAILS

Date of Occurrence | Time of Incident | AM | PM

Location of Incident

City & State

Emergency Services Required | Police Dept. | Fire Dept. | Ambulance

Police Report Number | Ambulance Company Name

Description of Occurrence

TYPE OF LIABILITY CLAIM

Bodily Injury | Yes | No | Property Damage | Yes | No

Type of Property

Premises: Insured is | Owner | Tenant

Type of Premises

Products: Insured is | Manufacturer | Vendor

Type of Product

Manufacturer's Name

INJURED PARTY INFORMATION

Name of Injured Party | Phone Number

Address | City | State | Zip

Age | Sex | Occupation

Activity of Injured Party (at time of loss):

Describe Injury Sustained:

Medical Treatment Provided By

PECK & COMPANY INSURANCE BROKERAGE
653 W. FALLBROOK AVE. SUITE 103, FRESNO, CA 93711
AGENCY LICENSE #0M98185

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OTHER INFORMATION

Did you inspect the area?	Yes	No	*If yes, explain*		
Did you take photos?	Yes	No	Was an ambulance called?	Yes	No
If ambulance called, provide name of ambulance company					

WITNESS INFORMATION

Name of Witness			
Address			
City, State, Zip			
Phone Number		Email Address	
Name of Witness			
Address			
City, State, Zip			
Phone Number		Email Address	
Name of Witness			
Address			
City, State, Zip			
Phone Number		Email Address	

ADDITIONAL COMMENTS OR INSTRUCTIONS

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.