GENERAL LIABILITY LOSS REPORT

|  |  |  |
| --- | --- | --- |
| Department of Financial Services |  |  |
| Division of Risk Management |  |  |
| State Liability Claims |  |  |
| Larson Building |  |  |
| Tallahassee, FL 32399-0338  | RM File No.:  |  |

 (Do not complete)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **INSURED AGENCY** |  | Department: |       |  |
|  | Division and Location: |       |  |
|  | Bureau, Institution, or District: |       |  |
|  |  |
| **ACCIDENT** |  |  | Date: |       |  | Time: |       |  | Location: |       |  |
|  | Type of Claim: |  | Bodily Injury: |  |       |  | Property Damage: |  |       |  |  |
|  |  | Medical Malpractice: |  |       |  | Other: |  |       |  |  |
|  | Description: |  |       |  |
|  |  |       |  |
|  |  |  |  |
| INJURED**PERSON** |  | Name: |       |  | Age: |       |  | Telephone No.: |       |  |
|  | Address: |       |  | City: |       | State: |       |  |
|  | Occupation & Employer: |       |  |
|  | Why on Premises: |       |  |
|  | Nature & Extent of Injury: |       |  |
|  |  | (List additional injured persons on back of form.) |  |
| **PROPERTY DAMAGE** |  | Owner & Address: |       | Telephone No.: |       |  |
|  |  |  |  |
|  | Description of Property: |       |  |
|  | Describe Damage: |       |  |
|  |  | When & where can property be inspected: |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| **WITNESSES** |  | Name |  | Address |  | Telephone No. |  |
|  |       |  |       |  |       |  |
|  |       |  |       |  |       |  |
|  |       |  |       |  |       |  |
|  |       |  |       |  |       |  |
| POLICE **REPORT** |  | Identify Police Authority Investigating: |       |  |
|  | Their Location: |       |  |
|  |  |  |
|  |  | (USE BACK FOR ADDITIONAL COMMENTS) |  |
|       |  |  |  |
| Date of Report |  |  | Signature of person filing report |
|  |  |  |  |
|  |  |  | Telephone No.:       |

*(List additional injured persons here.)*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **INJURED PERSON** |  | Name: |       |  | Age: |       |  | Telephone No.: |       |  |
|  | Address: |       |  | City |       |  | State: |       |  |
|  | Occupation & Employer: |       |  |
|  | Why on Premises: |       |  |
|  | Nature & Extent of Injury: |       |  |
|  |  |  |
| **INJURED PERSON** |  | Name: |       |  | Age: |       |  | Telephone No.: |       |  |
|  | Address: |       |  | City |       |  | State: |       |  |
|  | Occupation & Employer: |       |  |
|  | Why on Premises: |       |  |
|  | Nature & Extent of Injury: |       |  |
|  |  |  |
| **INJURED PERSON** |  | Name: |       |  | Age: |       |  | Telephone No.: |       |  |
|  | Address: |       |  | City |       |  | State: |       |  |
|  | Occupation & Employer: |       |  |
|  | Why on Premises: |       |  |
|  | Nature & Extent of Injury: |       |  |
|  |  |  |
| ADDITIONAL COMMENTS: |
|       |
|       |
|       |
|       |