



703 West Tudor Road, Suite 101 Anchorage, Alaska 99503

Phone (907) 771-5750 Fax (907) 561-6206

GENERAL LIABILITY LOSS NOTIFICATION

Insured Informaton

Utility Name: _____

Contact Person: _____

Contact Phone No.: _____ Email: _____

Claimant Information

Name: _____

Hm. Phone: _____ Cell Phone: _____ Wk. Phone: _____

Address: _____

Email: _____

Loss

Date of Loss: _____ Time: _____ AM PM

Location of Loss: _____

Responding Police or Fire Department: _____ Officer: _____

Case No.: _____

Type of Loss: Property Bodily Injury Both Other: _____

Description of Occurrence:

Description of Damage/Injury:

Current Location of Property: _____

Witnesses

Name: _____ Phone: _____ Address: _____

Name: _____ Phone: _____ Address: _____

Alaska Statutes require that this notice be included on all claim report forms:

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

Reported By:

(Print Name)

(Signature)

(Date)