



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)