

# General Liability Kit Checklist

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## GENERAL LIABILITY CLAIM WORKSHEET

Instructions: Use this form to summarize injured party's accident information before calling the toll free claim reporting number. Claims must be reported as quickly as possible after the accident occurrence. The reporting number is \_\_\_\_\_.

<b>Reported by</b>	Caller's Name (First/Last)		Caller Title		
	Caller Phone		Date Called In		
<b>When</b>	Date of Accident	Time of Accident	Date injury reported	Incident only?	
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Accident Description</b>	Describe what happened		Physical conditions that may have contributed to the accident		
	Type of injury/body part, if known				
<b>Subrogation Potential:</b>					
<b>Location</b>	Accident occurred on premises?		Location where incident occurred		
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	Was incident captured on video?				
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Injured Party</b>	<b>Witness #1</b>				
	Name		SSN		
	Address		Employee?	Employee Shift	
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	City		Work Phone		
	State/Zip		Home Phone		
	Claimant's First Name		Middle	Last	
	If claimant is a minor, list parent or guardian name				
	Address		City	State	Zip
	Home Phone		Age	Sex	
SSN		Work Phone			
Occupation					
<b>Injuries</b>	Describe visible injury				
	Was the claimant transported by ambulance?				
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	Physician Name		Phone		
Address		City	State	Zip	
Hospital Name		Phone			
Address		City	State	Zip	
<b>Property Damage</b>	Describe damaged property (be specific)				
	If vehicle/equipment involved, year/make/model				
	Estimated amount of damage		Photos taken	By whom	
	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Investigated by					

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**GL Claim Activity Log**

<b>Claimant Name:</b>		
<b>Reference #:</b>	<b>Date of Incident:</b>	<b>Claim #:</b>

<b>Date</b>	<b>Time</b>	<b>Contact/Activity</b>	<b>Outcome of Contact/Activity</b>



## General Liability Claim Handling Instructions

In the event someone is injured at your location report all claims by calling \_\_\_\_\_ on the date of the incident or at least within 24 hours.

Instructions: Initial and date each task as it is completed.

Initials	Date	
_____	_____	If the injury is life threatening or serious, call 911.
_____	_____	Complete all sections of the General Liability claim form.
_____	_____	If possible obtain a statement from the injured party describing the incident and injuries.
_____	_____	Obtain statements from involved employees and any witnesses that saw or heard anything.
_____	_____	In the event equipment is involved in the incident, forklifts etc., remove from service and have it checked out for defects.
_____	_____	Take photographs of the scene but not in front of the injured party. Attach photographs to photograph sheet.
_____	_____	Do not take photographs of the injured party.
_____	_____	Check to see if any security cameras captured the incident. If so preserve the images.
_____	_____	Secure all documentation until contacted by the adjuster.

## Accident Photograph Sheet

<b>Location #:</b>
<b>Incident Location:</b>
<b>Reference #:</b>

<b>Date of Incident:</b>
<b>Injured Party:</b>

Attach photo
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<b>Photo Description:</b>
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Attach photo
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<b>Photo Description:</b>
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### Third Party Statement Form

Location #: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

\_\_\_\_\_

**USE THE BACK OF THIS FORM IF YOU NEED ADDITIONAL SPACE**

I attest that I am over the age of 21, voluntarily gave this statement and it is true to the best of my ability and knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_



## Witness Accident Statement

### Witness Information

Witness Name: \_\_\_\_\_ Is witness over 21? Yes:  No:

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Location & activity at time of accident: \_\_\_\_\_

### Description of Accident

Describe in detail the accident and how it occurred:

\_\_\_\_\_

Describe in detail conditions that may have contributed to the accident (weather, debris, building conditions, etc.):

\_\_\_\_\_

USE THE BACK OF THIS FORM IF YOU NEED ADDITIONAL SPACE

I attest that I am over the age of 21, voluntarily gave this statement and it is true to the best of my ability and knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_