GENERAL LIABILITY LOSS

GENERAL LIABILITY LOSS REPORT FORM (INJURY AND PROPERTY)

DATE (MM/DD/YY)

DAMAGE AND INJURY TO OTHERS

STORE NO.	DATE OF ACCIDENT	TIME OF ACCIDENT	AM	PM

INSURED

NAME AND ADDRESS OF STORE	NAME/TITLE OF CONTACT (Manager, Asst. Mgr. , etc.)	CONTACT NUMBERS (555-555-5555 EXT.555)
		BUSINESS
BEST TIME TO CONTACT	BEST NUMBER TO CONTACT	HOME
		MOBILE

LOSS

LOCATION OF ACCIDENT (INCLUDING CITY & STATE)	POLICE CONTACTED? CITY AND REPORT NO.

DESCRIPTION OF ACCIDENT (USE REVERSE SIDE, IF NECESSARY)

IF SOMEONE (CUSTOMER) WAS INJURED: NAME(S), ADDRESS AND PHONE OF INJURED PERSONS

NAME	ADDRESS	PHONE	INJURY	AMBULANCE Yes/No

GENERAL LIABILITY LOSS

IF PROPERTY WAS DAMAGED: NAME(S), ADDRESS AND PHONE OF OWNER OF PROPERTY DAMAGE

NAME AND ADDRESS OF OWNER:

PHONE NO. (AREA CODE)

DESCRIBE PROPERTY

EXTENT OF DAMAGE

OBJECT IN THE FOOD

DESCRIPTION OF FOOD ITEM(S)

CIRCLE ONE: EAT IN CARRY OUT	WHAT CAUSED THE INJURY?

IS FOREIGN OBJECT AVAILABLE? WHERE?	SOURCE OF THE PRODUCT OR INGREDIENT

NAME OF SUPPLIER

WITNESSES

NAME	ADDRESS (City, St, Zip)	BUSINESS PHONE (555-555-5555 ext xxx)	RESIDENCE PHONE (555-555-5555)

REMARKS

REPORTED BY	REPORTED TO	