



Liability & Property Pool

Send completed Loss Notice to:

CITY OF BERKLEY
 Attn: City Manager's Office
 3338 Coolidge Highway
 Berkley, Michigan 48072
 (248) 658-3350

GENERAL LIABILITY LOSS NOTICE

DATE (MM/DD/YY)		DATE (MM/DD/YY) & TIME OF LOSS		PREVIOUSLY REPORTED	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				AM PM	
MEMBER					
NAME & ADDRESS			PERSON TO CONTACT		
			BUSINESS PHONE (Area Code, Number, Extension)		
			RESIDENCE PHONE (Area Code and Number)		
WHERE TO CONTACT			WHEN TO CONTACT		
LOSS					
LOCATION OF ACCIDENT (Including city & state)			AUTHORITY CONTACTED		
DESCRIPTION OF ACCIDENT (Use reverse side, if necessary)					
INJURED/PROPERTY DAMAGED					
NAME & ADDRESS (Injured/Owner)				PHONE (A/C, no., ext)	
AGE	SEX	OCCUPATION	EMPLOYER'S NAME & ADDRESS		PHONE (A/C, no., ext.)
DESCRIBE INJURY			<input type="checkbox"/> FATALITY	FACILITY WHERE TAKEN	WHAT WAS INJURED DOING?
DESCRIBE PROPERTY (type, model, etc.)		ESTIMATE AMOUNT	WHERE CAN PROPERTY BE SEEN?	WHEN?	
		\$			
WITNESS					
NAME & ADDRESS			BUSINESS PHONE (A/C, No., Ext)		RESIDENCE PHONE (A/C, Number)
REMARKS					
REPORTED BY		REPORTED TO		SIGNATURE OF INSURED	
Print name:		Print name:		Print name:	
Print title:		Print title:		Print title:	