Liability Claim Notice



Broker		
Brokerage:		
Street Address:		
City:	Province:	Postal Code:
Contact:	Email:	Phone:
Insured		
Named Insured:		
Street Address:		
City:	Province:	Postal Code:
Contact:	Email:	Phone:
Insurer:	Policy #:	_
Section 1: Occurrence		
Please provide the location of the occurrence:		
Street Address:		
City:	Province:	Postal Code:
2. Description of location:	-	
3. Date and time of occurrence:		
4. Please provide a description of the occurrence:		
Section 2: Type of Liability		
Premises Liability		
1. Insured is: O Owner O Ten	ant	
2. Please provide the property owners details if not the insu	red:	
Property Owner:		
Street Address:		
City:	Province:	Postal Code:
Contact:	Email:	Phone:
3. Type of Premises:		
Product Liability		
	ributor / Retailer	
2. Please provide the product manufacturers details if not the	he insured:	
Manufacturer:		
Street Address:		
City:	Province:	Postal Code:
Contact:	Email:	Phone:
3. Type of Product (Type, Model, etc.):		
4. Estimated Value:		
5. Where can product be seen?		

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Professional Liability		
1. Insured is a:		
2. Please provide any involved sub-contractor's and/or indep	pendent contractor's details:	
Contractor:		
Street Address:		
City:	Province:	Postal Code:
Contact:	Email:	Phone:
3. Work Provided:		
Section 3: Injured Party / Product Owner		
1. Please provide name, contact details and personal details	of the injured party or product owner:	
Name:		
Street Address:		
City:	Province:	Postal Code:
Contact:	Email:	Phone:
Occupation:	Sex:	Age:
2. Describe their injury:		
3. What was injured party doing at the time of injury?		
4. How were their injuries treated (ambulance, hospital, first	aid)?	
5. Please provide name and contact details of the injured par	rty's or product owner's employer:	
Employer:		
Street Address:		
City:	Province:	Postal Code:
Contact:	Email:	Phone:
Section 4: Witnesses		
1. Please provide names and contact details of any witnesses	to the incident/claim:	
Witness #1:		
Street Address:		
City:	Province:	Postal Code:
Contact:	Email:	Phone:
Witness #2:		
Street Address:		
City:	Province:	Postal Code:
Contact:	Email:	Phone:
Witness #3:	•	_
Street Address:		
City:	Province:	Postal Code:
Contact:	Email:	Phone:
	•	_
Name of Claimant	Title	Date
Signature		

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Section 5: After the Claim

1. Have y	ou considered doing any of the following?		
(a)	Recording in writing your organization's interaction with the injured party?	0	Completed
(b)	Gather witness details from the scene?	0	Completed
(c)	Secure any of your available security video of the event?	0	Completed
(d)	Enacted measures to avoid further injury at the location (if safe to do so)?	0	Completed
(e)	Removed product from shelves or started review of product recall protocols?	0	Completed
(f)	Collect and secure any relevant documentation (contracts, patient/client files, work orders, etc.)	0	Completed
Addito	onal Information Section		
Please u	se this space to provide any additional information from the questions above or anything you feel is materia	I to yo	ur claim: