

GENERAL LIABILITY CLAIM FORM

Insured/Moving Company:			_
Reported by:			_
Date Reported:			
Date of Loss:			_
Name of Claimant:			
Address:			
Phone Number:			_
DETAILS OF LOSS			
☐ Bodily Injury			
☐ Property Damage			
☐ Bodily Injury			
☐ Property Damage			
All information made in this starbest of my knowledge and belie	tement of claim and any attached doci ef.	uments are true and correct to the	
Signature	Date	Email Address	