

ADVENTIST RISK MANAGEMENT, INC. Attn: Claims Services/Legal Services 12501 Old Columbia Pike Silver Spring MD 20904 301-680-6870 * FAX 301-680-6878

GENERAL **LIABILITY** LOSS NOTICE (ED. 4/10)

ABOUT THE INSURED

Insured Entity Name & Address	Contact Person	Contact's Phone
Church or School or other:		Home:
Conference:	Title:	Work:

ABOUT THE LOSS

Date of Loss:	Time of Loss:
Description of Accident/Nature of Activity (Use additional sheet if necessary)	

ABOUT THE LOCATION OF INCIDENT

Name & Address of Owner of Premises (If not the Insured)	Phone Number	Relationship to Insured
Location of Accident		
(include City & State)		
(include Oily & State)		

ABOUT THE INJURED PERSON OR DAMAGED PROPERTY

Name & Address (Injured/Owner)			Phone Number	
Date of Birth	Date of Birth Sex Describe Injury or Damage (example: fractured arm; sprained back, broken window, etc.)		ack, broken window, etc.)	
Describe Property	Describe Property (Type, Model, Etc.) Estimated Amount of Repair (if known)		Estimated Amount of Repair (if known)	
Employer's Name & Address (please indicate relationship to insured/entity, if any.)		ease indicate relationship to insured/entity, if any.)	Phone Number	
Describe Property	v (Type, Model,	Etc.)	Estimated Amount of Repair (if known)	

ABOUT WITNESSES

Name & Address	Work Phone	Home Phone	

COMMENTS (Use additional sheets if necessary)					
Reported by		Reported To		Signature of Insured	
Title:	Phone:	Date:		Date:	

LIABILITY

CLAIM INFORMATION IMMEDIATE AND TIMELY REPORTING IS CRITICAL

<u>DOCUMENTATION NEEDED:</u> (*To accompany completed claim form*)

- If an attorney is involved give name and address.
- Have papers been served? If so, when? Attach a copy.
- Copies of medical bills, if any.

ADDITIONAL DOCUMENTATION NEEDED FOR MEDICAL PROFESSIONAL LIABILITY SITUATIONS:

- Medical records
- Incident report
- Any statements by medical personnel

PROCEDURE:

Please send above information to Adventist Risk Management Inc. ARM will probably assign an adjuster on complex situations. It is important for you to cooperate with them: **If there are any problems let us know immediately.**

ANY ADDITIONAL INFORMATION MUST BE FORWARDED UPON RECEIPT

Adventist Risk Management, Inc.

12501 Old Columbia Pike Silver Spring, MD 20904 Fax: (301) 680-6878

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