

GENERAL, PROFESSIONAL, AND E & O LIABILITY LOSS NOTICE

Does your Center have an arbitration agreement in place with your employees for resolution of employment disputes? Yes No	Date Completed (MM/DD/YY:)
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MEMBER INFORMATION:

Business Name And Mailing Address	
Contact Person And Title:	Contact Phone (A/C, NO.):
Policy Number:	

INCIDENT INFORMATION:

Defendant's Name:	Defendant's Home Phone:	Defendant's Work Phone:
Date Of Incident (MM/DD/YY:)	Time Of Loss: <input type="checkbox"/> AM <input type="checkbox"/> PM	Location Of Accident (Include City And State): <small>(NOTE: If more than one location affected, list in the REMARKS section.)</small>
Police Contacted: Yes <input type="checkbox"/> No <input type="checkbox"/>	Officer's Name:	Police Report Number: <small>(please attach copy)</small>
		Lawsuit Filed? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(Please attach copy.)</small>
Description of Loss or Damage:		Work Unit/Department:

CLAIMANT INFORMATION:

Name and Address 1:	Home Phone (A/C. No.):	Work Phone (A/C. No.):	Social Security Number:
	DOB (MM/DD/YY):	Gender <input type="checkbox"/> F <input type="checkbox"/> M	Occupation:
Employer's Business Name and Mailing Address			
Describe Injury (In as much detail as possible, i.e. right arm, left leg): <input type="checkbox"/> Fatality			
Where was injured taken?	What was injured doing?		
Name and Address 2:	Home Phone (A/C. No.):	Work Phone (A/C. No.):	Social Security Number:
	DOB (MM/DD/YY):	Gender <input type="checkbox"/> F <input type="checkbox"/> M	Occupation:
Employer's Business Name and Mailing Address			



PROPERTY DAMAGE:

Describe Property (Type, model, etc.):

WITNESSES:

NAMES AND ADDRESS:

Business Phone (A/C, No.)

Residence (A/C, No.):

NAMES AND ADDRESS:

Business Phone (A/C, No.)

Residence (A/C, No.):

REMARKS:

Completed by:

Date:

Complete this form and return to OSCTexas@yorkrsg.com