Texas Council Risk Management Fund

Complete and Return to: 5856TCRMF@sedgwick.com

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:)

MEMBER INFORMATION:

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

INCIDENT INFORMATION:

Defendant's Name:	Defendant's Home Phone:	Defendant's Work Phone:
Date Of Incident (MM/DD/YY:)	Time Of Loss: ☐ AM ☐ PM	Location Of Accident (Include City And State): (NOTE: If more than one location affected, list in the REMARKS section.)
Police Contacted: Yes ☐ No ☐	Officer's Name:	Police Report Number: (please attach copy)
Lawsuit Filed? Yes ☐ No ☐ (Please attach copy.)		
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 ☐ F ☐ M	Occupation:
Employer's Business Name and Mailing Address			
Describe Injury (In as much detail as possible, i.e. right arm, left leg): ☐ 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 ☐ F ☐ M	Occupation:
Employer's Business Name and Mailing Address			

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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:

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