

Loss Report Form

Section I - Contractor Information

Name of Contractor: _____ Contact Person: _____
Address: _____
Phone Number: _____ Contract Number: _____

Section II - Description of Incident

Date of Incident: _____ Time: _____

Exact Location of Incident: (Attach diagram if possible) _____

Description: (in detail) _____

Section III - Injuries

Claimant Name: _____ Age: _____
Address: _____ Home Phone: _____
Employer: _____ Business Phone: _____
Occupation: _____ Injury: _____
Where was the injured taken after injury: _____
Injured written statement: _____

I _____, hereby certify that the statements and information in this loss form are true and correct to the best of my knowledge and belief.

Signature: _____ Date: _____

Section IV - Damage to Property (of others)

What was damaged?: _____
Owner's Name: _____ Contact (if different): _____
Address: _____ Phone: _____

I _____, hereby certify that the statements and information in this loss form are true and correct to the best of my knowledge and belief.

Signature: _____ Date: _____

Section V - Witness Information

Witness Name: _____
Address: _____ Phone: _____

Section VI - Verification (Required)

Print Name: _____ Phone: _____
Signature: _____ Date: _____