



VLCT PACIF General Liability Loss Notice

Start by saving this blank file on your computer. Open the saved version, fill it in electronically*, save it again, and attach it to an email to newclaim@vlct.org.
***Tips:** Instead of mousing around, use the Tab key to move forward field by field, use Shift-Tab to move backward, and press the Space bar to check a selected check box.

Member name & address		Member Contact with most knowledge of loss	
Date of incident	Phone number	Email	
Location of incident			Time of incident

Type of Incident

If Other, please describe

If the loss involves PROPERTY damage:

Claimant's name & address	Phone numbers H C W	Email address
Is the Damaged Property located at the Claimant's address? If no, specify address		
Describe property damage	Estimated damage (\$)	Services called

If the loss involves an INJURY, *federal law requires us to obtain the injured person's date of birth and social security number.*

Injured person's name & address	H C W	Email address	
		DOB	Social Security Number
Body part injured	Type of injury		

What Medical Services Were Used?

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Treating physician or medical provider

Name	Address

Insurance:

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Insurance information

Insurance company	Address	Policy #

Describe how the incident occurred

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Witnesses

Name and address	Phone number(s)
Name and address	Phone number(s)

Other information

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Date completed

Electronic signature

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Questions? Please contact us:
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Phone: (800) 649-7915; Fax: (802) 229-2211

