



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	Department head with direct knowledge of loss	
Date of incident (mm/dd/yyyy)	Phone number of Dept. head	
Location of incident	Time of incident	

Select the type of incident

Slip/Trip <input type="checkbox"/>	Pothole <input type="checkbox"/>	Water <input type="checkbox"/>	Sewer <input type="checkbox"/>	Other <input type="checkbox"/>
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? Yes <input type="radio"/> No <input type="radio"/> 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 (mm/dd/yyyy)	Social Security Number
Body part injured	Type of injury		

Which of the following medical services apply?

First aid <input type="checkbox"/>	Physician <input type="checkbox"/>	Ambulance <input type="checkbox"/>	Emergency service <input type="checkbox"/>	Other <input type="checkbox"/>
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Treating physician or medical provider

Name	Address
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Insurance: Check all that apply

Health insurance <input type="checkbox"/>	Medicare/Medicaid <input type="checkbox"/>	Social Security Disability <input type="checkbox"/>
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Insurance information

Insurance company	Address	Policy #
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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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