



Dear Policyholder/Claimant:

You are about to complete our online General Liability Notice of Claim to report a loss for your Businessowner's Policy. Information gathered in this way expedites (but does not replace) the formal claims reporting process. Once this form has been completed, you should save a copy to either (1) upload the file by selecting **For Businesses>Info/Picture Upload** at [www.guard.com](http://www.guard.com) OR (2) e-mail the pdf to [claims3@guard.com](mailto:claims3@guard.com). (Printing the pages will not be possible.) Upon receipt by us, you can expect a Berkshire Hathaway GUARD Representative to be contacting you in the near future to complete the process and get the official paperwork filed on your behalf.

Reminders:

- Report all claims promptly to us immediately upon learning of a loss. Timing is critical in securing evidence!
- Set aside and preserve any and all closed-circuit TV video for the entire date of the loss. (If you simply identify the equipment you utilize, we will have someone come to you to aid in saving the video).
- Photograph the location/scene of the occurrence as well as the injury (if possible) and save the images. (Remember, cell phone cameras can be helpful and are often readily available).
- Document the injured party's full name and contact information (i.e., address, phone number, etc.).
- Obtain a detailed description of the occurrence from the injured party and document any complaints of injury (making note of the body part).
- Record the name and contact information of any person(s) with the injured party.
- Document the names and contact information of everyone who witnessed the loss or came to the scene afterwards.
- If the weather conditions played a role in the loss, include the circumstances in your report.
- Document any factors (such as foreign substances) that may have contributed to the loss.

NAME OF PERSON TO CONTACT:

TITLE/ROLE:

PHONE NUMBER(S): [primary] [secondary]

BEST TIME TO CALL (EASTERN STANDARD TIME):

*We thank you for your cooperation. (The Claims Report form immediately follows.)*

***Reminder:***

***Claims can also be reported by phone by simply calling  
1-888-NEW-CLMS (i.e., 1-888-639-2567).***

# GENERAL LIABILITY NOTICE OF CLAIM

DATE (MM/DD/YYYY)

<b>INSURED</b>		<b>CONTACT</b>	
NAME AND MAILING ADDRESS	INSURANCE CARRIER	NAME (First, Middle, Last)	
PHONE <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	POLICY NUMBER	PHONE <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	
	POLICY PERIOD	E-MAIL ADDRESS	
SOCIAL SECURITY # OR FEIN	AGENT NAME & CODE NUMBER	WHEN TO CONTACT	
TO			
<b>OCCURRENCE</b>			
DATE NOTIFIED OF OCCURRENCE	DATE OF OCCURRENCE	TIME OF OCCURRENCE	PREVIOUSLY REPORTED <input type="checkbox"/> YES <input type="checkbox"/> NO
LOCATION OF OCCURRENCE	DESCRIPTION OF OCCURRENCE		
<b>TYPE OF LIABILITY CLAIM</b>			
PREMISES: INSURED IS <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT <input type="checkbox"/> OTHER:		TYPE OF PREMISES	
OWNER'S NAME AND ADDRESS (If not Insured)		OWNERS PHONE <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	
PRODUCTS: INSURED IS <input type="checkbox"/> MANUFACTURER <input type="checkbox"/> VENDOR <input type="checkbox"/> OTHER:		TYPE OF PRODUCT	
MANUFACTURER'S NAME AND ADDRESS (If not Insured)		MANUFACTURERS PHONE <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	
WHERE CAN PRODUCT BE SEEN?			
OTHER LIABILITY INCLUDING COMPLETED OPERATIONS (Explain)			
<b>INJURED/PROPERTY DAMAGED</b>			
NAME AND ADDRESS (Injured/Owner)	DATE OF BIRTH	OCCUPATION	PRIMARY PHONE <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
DESCRIPTION OF INJURY	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> UNKNOWN	FATALITY <input type="checkbox"/> YES <input type="checkbox"/> NO	SECONDARY PHONE <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
	WHERE TAKEN?		WHAT WAS INJURED DOING?

DESCRIPTION OF PROPERTY AND DAMAGE (Type, model, etc.)		WHERE CAN PROPERTY BE SEEN?	WHEN CAN PROPERTY BE SEEN?
ESTIMATED LOSS AMOUNT			
DID YOU SECURE VIDEO SURVEILLANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		DID YOU TAKE PHOTOGRAPHS OF THE LOSS, INJURIES OR SCENE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
IF YES TO THE ABOVE, PLEASE PROVIDE THE CONTACT INFORMATION FOR WHO POSSESSES THE SURVEILLANCE:		IF YES TO THE ABOVE, PLEASE PROVIDE THE CONTACT INFORMATION FOR WHO POSSESSES THE PHOTOGRAPHS:	
DID YOU RECEIVE MEDICAL BILLS, LETTER FROM AN ATTORNEY AND/OR SUIT DOCUMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		WERE THE POLICE, FIRE DEPARTMENT AND/OR AMBULANCE CALLED TO THE SCENE OF THE INJURY AND/OR LOSS? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
IF YES TO THE ABOVE, PLEASE PROVIDE THE CONTACT INFORMATION FOR WHO POSSESSES THE DOCUMENTS:		IF YES TO THE ABOVE, PLEASE PROVIDE THE CONTACT INFORMATION FOR THE EMERGENCY RESPONDER:	
<b>WITNESSES</b>			
NAME & ADDRESS		BUSINESS PHONE	RESIDENCE PHONE
ADDITIONAL INFORMATION			
REPORTED BY		REPORTED TO	