



ADVENTIST RISK MANAGEMENT, INC.
Attn: Claims Services/Legal Services

*GENERAL
 LIABILITY
 LOSS NOTICE
 (Ed. 4/10)*

ABOUT THE INSURED

Insured Entity Name & Address	Contact Person	Contact's Phone
Church or School or other:		Home:
Conference:	Title:	Work:

ABOUT THE LOSS

Date of Loss:	Time of Loss:
Description of Accident/Nature of Activity (Use additional sheet if necessary)	

ABOUT THE LOCATION OF INCIDENT

Name & Address of Owner of Premises (If not the Insured)	Phone Number	Relationship to Insured
Location of Accident (include City & State)		

ABOUT THE INJURED PERSON OR DAMAGED PROPERTY

Name & Address (Injured/Owner)		Phone Number
Date of Birth	Sex	Describe Injury or Damage (example: fractured arm; sprained back, broken window, etc.)
Describe Property (Type, Model, Etc.)		Estimated Amount of Repair (if known)
Employer's Name & Address (indicate relationship to insured/entity, if any)		Phone Number

ABOUT WITNESSES

Name & Address	Work Phone	Home Phone

COMMENTS (Use additional sheets if necessary)

COMMENTS (Use additional sheets if necessary)			
Reported by	Reported To	Signature of Insured	
Title:	Phone:	Date:	Date:

LIABILITY

CLAIM INFORMATION IMMEDIATE AND TIMELY REPORTING IS CRITICAL

DOCUMENTATION NEEDED: (To accompany completed claim form)

- If an attorney is involved give name and address.
- Have papers been served? If so, when? Attach a copy.
- Copies of medical bills, if any.

ADDITIONAL DOCUMENTATION NEEDED FOR MEDICAL PROFESSIONAL
LIABILITY SITUATIONS:

- Medical records
- Incident report
- Any statements by medical personnel

PROCEDURE:

Please send above information to the Arkansas-Louisiana Conference. We will then forward the claim to Adventist Risk Management Inc. ARM will probably assign an adjuster on complex situations. It is important for you to cooperate with them: If there are any problems let us know immediately.

ANY ADDITIONAL INFORMATION MUST BE FORWARDED UPON RECEIPT

FORWARD ALL INFORMATION TO:

Carlos Portanova
Associate Treasurer
Arkansas-Louisiana Conference
P.O. Box 31000
Shreveport, LA 71130
Phone: (318) 631-6240 (extension 104)
Fax: (318) 631-7600
Email: cportanova@arklac.org