

GENERAL/PRODUCT LIABILITY CLAIM FORM

Spectrum Risk Management & Insurance Services, LLC
74 Discovery
Irvine, CA 92618
Phone: (949) 756-5730 Fax: (949) 756-5740
Attn: _____

Number of Pages: _____

Please print this 2 page claim form, complete the following and fax the form to your Account Manager at Spectrum Risk Management & Insurance Services.

LOSS

Date _____
Location _____
City _____ State _____

DESCRIPTION OF ALLEGED INCIDENT

INJURED

Name _____ Phone _____
Address _____
City _____ State _____ Zip _____
Extent of Injury _____

PROPERTY DAMAGE

Name _____ Phone _____
Address _____
City _____ State _____ Zip _____
Type of Damage _____
Extent of Damage _____

WITNESSES

Name _____ Phone _____
Address _____
City _____ State _____ Zip _____

LAWSUIT FILED

County and state where filed _____ Date of service _____

INSTRUCTIONS TO INSURED:

1. Provide all documents you have regarding this incident.

2. Provide a copy of the lawsuit, if filed
3. Obtain and provide all documents available to the claimant, including medical bills.
4. Provide all internal documents including accident investigation, repair and maintenance records, etc.
5. Maintain a list of names and addresses of any witnesses to the incident or employees who may be able to provide details on the product or location involved in the incident.
6. If a product is involved and you have the product, save it for inspection by the claims adjuster or an expert named by the insurance company.
7. The claims adjuster will work directly with the claimant or his/her attorney; you should not interact with the claimant yourself.
8. Expect to be contacted by the claims adjuster within 48 hours.
9. If there is any reason that you need to be contacted immediately, please let us know.