

**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.