

Rosenbloom & Rosenbloom, Inc.
General Liability Claim Information

Company Name: _____

Date of Incident: _____ Time: _____

Address of Incident: _____

Person/People involved: _____

Address of involved party (add'l space on bottom): _____

Phone numbers of involved party: _____

Explain incident: _____

Any injuries? YES or NO ? **If YES**, explain (who and what the injury is):

Any Emergency Vehicles on scene? YES or NO ? **If YES**, what department?

Any Witnesses? YES or NO ? If YES, name: _____

Witness Address: _____

Witness Phone Number: _____

Any Additional Information: _____

Completed By: _____ Phone Number: _____

Once completed, please fax to (612) 436-5601

Any questions while completing, contact our claims department at (612) 436-5630 or
claims@rrinsurance.com