

# NOTICE OF GENERAL LIABILITY LOSS

TO: GRAHAM-NAYLOR AGENCY, INC.

DATE: \_\_\_\_\_

ATTENTION:

# PAGES TO FOLLOW: \_\_\_\_\_

FAX NUMBER: **770-988-8347**

INSURED: \_\_\_\_\_

DATE OF LOSS: \_\_\_\_\_ LOCATION OF LOSS: \_\_\_\_\_

DESCRIPTION OF LOSS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DESCRIPTION OF PROPERTY DAMAGED: (Type of Damage / Value / Owner / Phone Number)  
\_\_\_\_\_  
\_\_\_\_\_

DESCRIBE ANY INJURIES: (Injured Name, Address, Phone Number / Description of Injuries)  
\_\_\_\_\_  
\_\_\_\_\_

NONE KNOWN

CLAIMANT NAME \_\_\_\_\_  
CLAIMANT ADDRESS \_\_\_\_\_  
CLAIMANT PHONE NUMBER (W) \_\_\_\_\_ (H) \_\_\_\_\_

ADDITIONAL REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REPORTED BY: \_\_\_\_\_