



BWD GROUP LLC

LIABILITY LOSS NOTICE

DATE OF LOSS (MM/DD/YY)

TIME _____ AM PM

TYPE OF LOSS

LOCATION OF INCIDENT

INSURED

NAME

ADDRESS

HOME PHONE

BUSINESS PHONE

CELLULAR

FAX

EMAIL ADDRESS

INJURED PARTY OR OWNER OF DAMAGED PROPERTY

NAME

ADDRESS

TELEPHONE

LOSS

DESCRIPTION OF LOSS & DAMAGE (USE REVERSE SIDE, IF NECESSARY)

NATURE & EXTENT OF INJURIES/PROPERTY DAMAGE (USE REVERSE SIDE, IF NECESSARY)

WEATHER CONDITIONS

POLICE/PRECINCT REPORT #

POLICE PHONE

AMBULANCE/EMS REPORT #

WAS WORK BEING PERFORMED BY SUBCONTRACTOR/VENDOR? IF YES, BY WHOM:

NAME

ADDRESS

TELEPHONE

WITNESS

NAME

ADDRESS

PHONE

REMARKS/MISCELLANEOUS

REPORTED BY

PHONE

DATE REPORTED

SIGNATURE OF INSURED