



TEXAS ASSOCIATION *of* COUNTIES RISK MANAGEMENT POOL

1-800-456-5974 / 512-478-8753 / 512-615-8942*fax*

GENERAL LIABILITY CLAIM LOSS REPORT

Please indicate type of claim:

Incident Report Only

Making [General Liability] Claim

Entity No.: Member Address: City/State/Zip:	Date of Incident:
	Date Reported:
	Reported by:
	Contact Name:
	Contact Phone No.:
	E-MAIL:

Description of Incident:

Claimant or Other Involved:	
Address:	
City/State/Zip:	
Claimant Vehicle or Other Property: (Year: Make; Model; Damage, etc.)	Phone / Contact Info:
Injury:	

Member Operator:	Department:
Contact Info:	Contact Info:

Member Equipment: (if any involved)	Where is it located:
Identification Number:	
Damaged?	
Other Information:	