



Arthur J. Gallagher & Co.
BUSINESS WITHOUT BARRIERS™

Insurance Claim Form

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.