

Liability First Report of Claims



Submit To Flood And Peterson

Heidi Sauer, *Claims Consultant* Direct: 970-266-7106
Claims@floodpeterson.com Fax: 970-506-6845

Today's Date	<input type="text"/>	Company Contact Name	<input type="text"/>
		Phone Number	<input type="text"/>
		Email Address	<input type="text"/>

Location of Incident	<input type="text"/>		
Date of Alleged Loss/Incident	<input type="text"/>	Time of Incident	<input type="text"/>
Police Report Number	<input type="text"/>	Responding Officer	<input type="text"/>

Any Hazards Present: (Snow/Ice, Smoke, Wet Floor, Uneven Surface)

Description of Loss/Incident: (Attach Statement if too Long)

Did Injured Party Receive Any Medical Attention: (If Yes, Please Explain)

Other Party's Information

Name	<input type="text"/>	Phone Number	<input type="text"/>
Address	<input type="text"/>		

Witness Information

Name	<input type="text"/>	Phone Number	<input type="text"/>
Name	<input type="text"/>	Phone Number	<input type="text"/>
Name	<input type="text"/>	Phone Number	<input type="text"/>