Liability First Report of Claims

Flood & Peterson

Submit To Flood And Peterson

Claims@floodpeterson.com

Today's Date

Company Contact Name

Phone Number

Email Address

Location of Incident

Date of Alleged Loss/Incident

Time of Incident

Police Report Number

Responding Officer

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		Phone Number	
Address			

Witness Information

Name		Phone Number	
Name		Phone Number	
Name		Phone Number	

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