



GENERAL LIABILITY CLAIMS – FAX COVER SHEET

CITY / AGENCY: _____ ADDRESS: _____ CITY, STATE, ZIP: _____ CONTACT NAME: _____ CONTACT PHONE: _____ CONTACT EMAIL ADDRESS: _____	PLEASE ATTACH THIS COVER SHEET TO THE CLAIM FORM AND FAX TO: Dwight J. Kunz Carl Warren & Co. Fax: (714) 961-8131
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Please complete the following information to help Carl Warren expedite the handling of this claim. Attach additional documentation including contracts or special events insurance policies that may be helpful. Please forward the claim as soon as possible, even if all facts are unavailable.

1. Name of Claimant: _____
2. Date of Incident: _____
3. How was the claim received?
 US Mail (postmark date: _____) Email
 Hand-delivered (date: _____) Delivery service (please list: _____)
 Other (please list: _____)
4. Was a third-party involved in this incident (contractor, another agency, etc...)? Yes No
If yes, please provide the following information:
How was the other party involved? _____

Agency Name: _____
Contact Person: _____
Phone Number: _____
5. Was a contract in place that indemnified/held harmless your city/agency? Yes No
6. Was a special event insurance policy in place? Yes No
7. What city/agency department was involved?
 Public Works Parks & Recreation Parking Authority
 Administrative Services Animal Control Refuse/Trash
 Police/Sheriff Fairgrounds Sewer Service
 Public Transit Housing Projects Water
 Fire Marine Safety Redevelopment Agency
8. Is the claim under \$2,000 AND does it only involve property damage? Yes No
If yes, would you like Carl Warren to expedite payment of this claim? Yes No
9. Provide other information that may help determine your city/agency's involvement: _____

