



ADVENTIST RISK MANAGEMENT, INC.
Attn: Claims & Legal Services Department

12501 Old Columbia Pike Silver Spring MD 20904 * 301-680-6865 * FAX 301-680-6878
 11291 Pierce St. Riverside CA 92505 * (888) 951-4276 (ext. 6823) * FAX (951) 353-6848

**GENERAL
 LIABILITY
 LOSS NOTICE**
 (Ed. 7/08)

ABOUT THE INSURED

Insured Entity Name & Address	Contact Person	Contact's Phone
Church or School or other:		Home:
Conference:	Title:	Work:

ABOUT THE LOSS

Date of Loss:	Time of Loss:
Description of Accident/Nature of Activity (Use additional sheet if necessary)	

ABOUT THE LOCATION OF INCIDENT

Name & Address of Owner of Premises (If not the Insured)	Phone Number	Relationship to Insured
Location of Accident (include City & State)		

ABOUT THE INJURED PERSON OR DAMAGED PROPERTY

Name & Address (Injured/Owner)		Phone Number
Date of Birth	Sex	Describe Injury or Damage (example: fractured arm; sprained back, broken window, etc.)
Describe Property (Type, Model, Etc.)		Estimated Amount of Repair (if known)
Employer's Name & Address (please indicate relationship to insured/entity, if any.)		Phone Number

ABOUT WITNESSES

Name & Address	Work Phone	Home Phone

COMMENTS (Use additional sheets if necessary)

COMMENTS (Use additional sheets if necessary)			
Reported by	Reported To	Signature of Insured	
Title:	Phone:	Date:	Date:

LIABILITY

CLAIM INFORMATION IMMEDIATE AND TIMELY REPORTING IS CRITICAL

DOCUMENTATION NEEDED: *(To accompany completed claim form)*

- If an attorney is involved give name and address.
- Have papers been served? If so, when? Attach a copy.
- Copies of medical bills, if any.

ADDITIONAL DOCUMENTATION NEEDED FOR MEDICAL PROFESSIONAL LIABILITY SITUATIONS:

- Medical records
- Incident report
- Any statements by medical personnel

PROCEDURE:

Please send above information to Adventist Risk Management Inc. ARM will probably assign an adjuster on complex situations. It is important for you to cooperate with them: **If there are any problems let us know immediately.**

ANY ADDITIONAL INFORMATION MUST BE FORWARDED UPON RECEIPT

Adventist Risk Management, Inc.

12501 Old Columbia Pike Silver Spring, MD 20904
Fax: (301) 680-6878

Phyllis Edmonds, JD
Director

(301) 680-6871
(410) 458-7576 (cell)
PEdmonds@adventistrisk.org

Irma Johnson, AIC, ALHC
Assistant Director

(301) 680-6867
IJohnson@adventistrisk.org

Robert H. Burrow, JD
Claims Counsel

(301) 680-6875
(301) 346-9642 (cell)
RBurrow@adventistrisk.org

J. Victor Elliott, JD, AIC
Claims Counsel

(301) 680-6808
(301) 332-2017 (cell)
JVElliott@adventistrisk.org

Adventist Risk Management, Inc.

11291 Pierce St. Riverside, CA 92515
P.O. Box 8007 Riverside, CA 92515-8007
Fax: (951) 353-6848

Donna L. Diaz, JD
Claims Counsel

(951) 353-6803
(951) 754-3574 (cell)
DDiaz@adventistrisk.org