



# Adventist Risk Management, Inc

12501 Old Columbia Pike  
Silver Spring, MD 20904-6600  
(301) 680-6877 Fax: (301) 680-6878

## STATEMENT OF LOSS LIABILITY (NON-AUTOMOBILE) (To be Completed By Insured's Representative)

		Division _____	
<b>(1) INSURED ENTITY</b>	Name		Bus. Phone _____ Res. Phone _____
	Address		
	Location of Insured Premises <input type="checkbox"/> Same as Above		
<b>(2) TIME &amp; PLACE</b>	Date & Time of Accident <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		
	Location		
<b>(3) INJURED PERSON</b>	Name		Age _____
	Address		Bus. Phone _____ Res. Phone _____
	Occupation		Relationship to Insured _____
	Employed by _____		
	What Was Injured Doing When Hurt?		
<b>(4) THE INJURY</b>	Nature & Extent of Injury		
	Where Was Injured Taken After Accident?		Name of Doctor _____
	Why Was Injured on Premises?		
	Probable Disability		Has Injured Resumed Work? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Owner		Address _____ Bus. Phone _____ Res. Phone _____
<b>(5) PROPERTY DAMAGE</b>	List Damage		Estimated Cost of Repair _____
	Name		Address _____ Bus. Phone _____ Res. Phone _____
<b>(6) WITNESSES</b>			
<b>(7) DESCRIPTION OF ACCIDENT</b>			
Date, Location & Badge No. or Name of Police Authority to Whom Accident Was Reported			

\_\_\_\_\_  
Date of Signing

\_\_\_\_\_  
Signature of  
Insured's Representative

\_\_\_\_\_  
Title

# 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) and your Division as soon as possible.

ARM will probably assign an adjuster on complex situations. It is important you work 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  
(301) 680-6878 *fax*  
[claims@adventistrisk.org](mailto:claims@adventistrisk.org)

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