



**GENERAL LIABILITY NOTICE**

**ATTENTION: Summerly Nava / Claims Dept.  
GROSSLIGHT INSURANCE, INC.  
Direct #: 310-689-5327  
Fax #: 310-235-0456  
Email: [summerly\\_nava@grosslight.com](mailto:summerly_nava@grosslight.com)**

**Insured** \_\_\_\_\_

**Insured Contact Name & Phone #** \_\_\_\_\_

**Insured Contact Email Address:** \_\_\_\_\_

**Date of Loss** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Location/Address of loss:** \_\_\_\_\_

**Police Report? No**  **Yes**  **Police Report #** \_\_\_\_\_

**Description/What happened:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of Claimant:** \_\_\_\_\_

**Claimant's Phone Number:** \_\_\_\_\_

**Claimant's Address:** \_\_\_\_\_

**Describe injury or property damage:** \_\_\_\_\_  
\_\_\_\_\_

**Where Taken:** \_\_\_\_\_

**Witness Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Witness Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**COMPLETED BY:** \_\_\_\_\_ **DATE** \_\_\_\_\_