

Arizona Department of Administration
RISK MANAGEMENT DIVISION
GENERAL LIABILITY LOSS REPORT

AGENCY	DIVISION	SECTION	AFIS MAIL CODE	RMS NO.(FOR RMS USE ONLY)
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This Report Involves: Bodily Injury Property Damage

Person To Contact:

Telephone Number:

FACTS	Date of Loss	Time	AM PM	Location
	Description Of Incident			

CLAIMANT(S)	Name	Address	Phone No. H _____ W _____
	Description of Injury		
	Description of Property Loss		
	Name	Address	Phone No. H _____ W _____
	Description of Injury		
	Description of Property Loss		
	Name	Address	Phone No. H _____ W _____
	Description of Injury		
Description of Property Loss			

WITNESSES	1) Name	Address	Phone No.
	2) Name	Address	Phone No.

POLICE REPORT	Agency	Officer and ID No.	Report No.
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REMARKS	
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Reported By _____ Date _____	_____ Phone
Authorized Supervisor _____ Date _____	_____ Mail _____ In Person

EMAIL COMPLETED FORM TO: Risk Management, pnewclaims@azdoa.gov

GENERAL LIABILITY LOSS REPORT

To submit a claim for general liability losses, a Risk Management General Liability Loss Report form must be completed by the agency, or in an emergency the loss can be reported by telephone. Timely reporting affords Risk Management the opportunity to inspect the damages and adjust the loss. Rule R2-10-102 and R2-10-104 goes into specific detail on reporting a loss to Risk Management. The following information should be included on the form:

1. **Agency Name:** Name of agency the loss affects.
2. **Division Name:** Name of the agency's division.
3. **Section Name:** Name of the agency's section (if applicable).
4. **AFIS Mail Code:** The AFIS Mail Code is necessary so Risk Management will know exactly where to send the warrant.
5. **This Report Involves:** Indicate whether bodily injury or property damage.
6. **Contact Person:** This would be the person who is most familiar with the incident.
7. **Telephone Number(s):** The contact person's telephone number
8. **Facts:** List the date of the loss, time, location and description of incident.
9. **Claimant(s):** Name of the claimant, address, telephone number, description of injury and/or description of property involved.
10. **Witnesses:** Witnesses to the incident.
11. **Police Report:** Were any police reports filed? If available, list the Officer's name and I.D. number and report number.
12. **Remarks:** Any additional comments you may have concerning the loss.
13. **Report Taken By:** Who prepared the report and what mode of communication was used (e.g. mail, in person or telephone).
14. **Authorized Supervisor:** Supervisor's acknowledgement that loss occurred.