



**CENTURION CORPORATION GENERAL LIABILITY CLAIM**

**FOR CENTURION COMMERCIAL CLIENTS ONLY.**

**Claim Information:**

Name: \_\_\_\_\_ Sex:  Female  Male  
Street Address: \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_  
Should we contact you?  Yes  No \_\_\_\_\_ If no, whom? \_\_\_\_\_

**Date, Time and Location of Loss:**

Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Time: \_\_\_\_\_ (specify AM or PM)  
Type of Loss \_\_\_\_\_ Location of Loss: (include City and State) \_\_\_\_\_  
Was anyone injured?  Yes  No – If YES – call 800-356-2058 Is there a death involved?  Yes  No – If YES – call 800-356-2058  
Briefly describe what happened: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Premise:**

Are you  Tenant  Owner  Other \_\_\_\_\_  
Owner's Name and Phone Number (if different from above) \_\_\_\_\_

**Products:**

Are you  Manufacturer  Vendor  Other \_\_\_\_\_  
Manufacturer's Name and Address (if different from above) \_\_\_\_\_

**Witnesses:**

Please list the names and phone numbers of any witnesses to the incident:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Remarks:**

Are there any additional remarks you wish to make? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Disclaimer*  
Please note that these quotes are based solely on the information provided on this form.  
\*\*THIS IS NOT A BINDER OF INSURANCE.\*\*

**A Centurion representative will contact you during the first business day following receipt of this incident report being forwarded to us. If you do not hear from a Centurion representative, please call us at 800-258-3056.**