



HARFORD MUTUAL
INSURANCE GROUP

General Liability First Notice of Loss

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

GENERAL INFORMATION

Policyholder Name _____ Policy Number _____

Policyholder Email _____ Policyholder Phone _____

Mailing Address _____ City _____ State ____ Zip _____

Contact Name (if different than above) _____

Contact Email _____ Contact Phone Number _____

LOSS DETAILS

Loss Date (mm/dd/yy) _____ Loss Time _____ __ AM __ PM

Address Where Loss Occured _____

Description of Accident

Police or Fire Department Contacted? Yes No If Yes, Report number _____

CLAIMANT

Claimant Name _____

Claimant Email _____ Claimant Phone _____

Claimant Address _____ City _____ State ____ Zip _____

Description of Injury / Property Damage

WITNESSES

Witness 1 Name _____

Witness Email _____ Witness Phone Number _____

Witness 2 Name _____

Witness Email _____ Witness Phone Number _____

ADDITIONAL INFORMATION

Agent _____ Date Reported (mm/dd/yy) _____

Loss Reported By _____ Loss Reported To _____

Comments/Injuries (Severity/Instructions/Other Parties Involved)