

**OKLAHOMA RURAL WATER ASSOCIATION ASSURANCE GROUP
GENERAL LIABILITY LOSS NOTICE**

Fax To: ORWAAG - 866-375-9898

Today's Date:

Date of Occurrence:

ORWAAG Member Name:

Address:

City:

State:

Zip:

Contact Name:

Telephone:

Location of Occurrence:
(include City & State)

Description of Occurrence:

INJURIES

NAME

BUSINESS AND HOME PHONE NUMBERS

ADDRESS

DATE OF BIRTH

GENDER

DESCRIPTION OF INJURY

MEDICAL FACILITY (IF TREATMENT RECEIVED)

ATTORNEY INFORMATION (IF REPRESENTED)

PROPERTY DAMAGE

NAME OF PROPERTY OWNER

BUSINESS AND HOME PHONE NUMBERS

ADDRESS

DESCRIPTION OF DAMAGED PROPERTY

IS THERE A WRITTEN ESTIMATE OR REPLACEMENT/BILL FOR THE DAMAGE? IF YES, PLEASE ATTACH

ATTORNEY INFORMATION (IF REPRESENTED)

REMARKS

REPORTED BY

REPORTED TO

SIGNATURE OF MEMBER