## **Small Business Liability Claim Form**

Business Name
Contact Person
Phone Number
Email Address
Elliali Address
Business Address
Policy Number
Date of Incident
Location of Incident
Description of Incident
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Parties Involved (Name/Contact Information)
Witnesses (Name/Contact Information)
Description of Damages/Injuries

Police/Authority Report Filed?	
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Additional Information	
Authorized Signature	
Date	