

# Vendor Liability Insurance Claim Form

## Vendor Information

Business/Organization Name

Contact Person

Address

Phone

Email

## Policy Information

Policy Number

Insurance Company

Policy Effective Date

Policy Expiry Date

## Incident Details

Date of Incident

Location

Description of Incident

Describe Damage or Injury

Claim Details

Claim Amount

Supporting Documents

Choose File

No file selected

Certification & Signature

Signature

Date