



Liberty Mutual Insurance Company
(A Massachusetts Stock Insurance Company)
175 Berkeley Street
Boston MA 02117

Claim Reporting Form

Instructions:

1. This form is to be completed when the Insured has been involved in any Claim or is aware of an incident which may give rise to a Claim.
2. Complete one form for each Claim or incident which may give rise to a Claim. If space is not sufficient to answer any question fully, attach a separate sheet.
3. Attach a copy of any suit papers or demand letter.
4. Sign and date form when completed.
5. Fax or e-mail the form and supporting documents to:

212-208-4295 or mitzi.samuels@libertyiu.com

A Liberty Mutual representative will contact you within 72 hours of receipt of this form

1. Policy Number:

2. Name of Insured:

3. Contact name:

4. Phone Number:

5. Name of Potential Claimant:

6. Date of incident/claim:

7. Describe the allegations of the claim or explain the incident/circumstance that may lead to a claim: _____

8. Any additional comments:

NOTICE TO ARIZONA RESIDENTS: For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

NOTICE TO CALIFORNIA RESIDENTS: For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO FLORIDA RESIDENTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer



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files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO IDAHO RESIDENTS: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.

NOTICE TO INDIANA RESIDENTS: Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

NOTICE TO KENTUCKY RESIDENTS: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

NOTICE TO MAINE RESIDENTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND RESIDENTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or 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.

NOTICE TO MINNESOTA RESIDENTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEW JERSEY RESIDENTS: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NOTICE TO NEW YORK RESIDENTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OKLAHOMA RESIDENTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Signature of authorized representative of Applicant

Title

Print name of authorized representative of Applicant

Date