

Mail or fax to:
Howalt-McDowell Insurance, Inc.
P.O. Box 986
Sioux Falls, SD 57101-0986
Fax: 605-339-3620

GENERAL LIABILITY ACCIDENT CLAIM FORM



NAME OF INSURED: _____

DATE & TIME OF ACCIDENT: _____

LOCATION OF ACCIDENT: _____

DO YOU OWN PREMISES WHERE ACCIDENT OCCURRED: _____ IF NOT, OWNERS NAME: _____

ADDRESS: _____ (PHONE #): _____

ARE YOU RESPONSIBLE FOR MAINTENANCE OF PREMISES: _____ IF NOT, RESPONSIBLE PARTY: _____

ADDRESS: _____ (PHONE #): _____

DESCRIPTION OF ACCIDENT: _____

BODILY INJURY

NAME OF INJURED PERSON: _____

ADDRESS OF INJURED PERSON: _____

PHONE # OF INJURED PERSON: _____

DID INJURED PERSON SEEK MEDICAL TREATMENT: _____

IF YES, MEDICAL PROVIDER: _____

PROPERTY DAMAGE:

DESCRIBE DAMAGED PROPERTY: _____

OWNER OF PROPERTY: _____

ADDRESS OF OWNER: _____

PHONE # OF OWNER: _____

WITNESS: _____ (PHONE #): _____

ADDRESS: _____

WITNESS: _____ (PHONE #): _____

ADDRESS: _____

PERSON REPORTING CLAIM: _____ (PHONE #): _____

PERSON TO CONTACT: _____ (PHONE #): _____

ADDITIONAL COMMENTS: _____

