michigan municipal league

Liability & Property Pool

Send completed Loss Notice to:

CITY OF BERKLEY
Attn: City Manager's Office
3338 Coolidge Highway
Berkley, Michigan 48072
(248) 658-3350
or
Email: CMO@berkleymi.gov

GENERAL LIABILITY LOSS NOTICE

DATE (MM/DD/YY)	DATE (MM/DD/YY) & TIME OF LOSS AM PM	PREVIOUSLY REPORTED ☐ YES ☐ NO

MEMBER

NAME & ADDRESS	PERSON TO CONTACT
	BUSINESS PHONE (Area Code, Number, Extension)
	RESIDENCE PHONE (Area Code and Number)
WHERE TO CONTACT	WHEN TO CONTACT

LOSS

LOCATION OF ACCIDENT (Including city & state)	AUTHORITY CONTACTED
DESCRIPTION OF ACCIDENT (Use reverse side, if necessary)	

INJURED/PROPERTY DAMAGED

NAME & ADDRESS (Injured/Owner)				PHONE (A/C, no., ext)
AGE	SEX	OCCUPATION	EMPLOYER'S NAME & ADDRESS	PHONE (A/C, no., ext.)

DESCRIBE INJURY ☐ FATALITY	FACILITY WHERE TAKEN	WHAT WAS INJURED DOING?
DESCRIBE PROPERTY (type, model, etc.)	ESTIMATE AMOUNT $	WHERE CAN PROPERTY BE SEEN?	WHEN?

WITNESS

NAME & ADDRESS	BUSINESS PHONE (A/C, No., Ext)	RESIDENCE PHONE (A/C, Number)

REMARKS

REPORTED BY	REPORTED TO	SIGNATURE OF INSURED
Print name:	Print name:	Print name:
Print title:	Print title:	Print title: