



**ADVENTIST RISK MANAGEMENT, INC.**

*Attn: Claims & Legal Services Department*

12501 Old Columbia Pike Silver Spring MD 20904 \* 301-680-6865 \* FAX 301-680-6878  
11291 Pierce St. Riverside CA 92505 \* (888) 951-4276 (ext. 6823) \* FAX (951) 353-6848

**GENERAL  
LIABILITY  
LOSS NOTICE**  
*(Ed. 7/08)*

**ABOUT THE INSURED**

Insured Entity Name & Address	Contact Person	Contact's Phone
Church or School or other:		Home:
Conference:	Title:	Work:

**ABOUT THE LOSS**

Date of Loss:	Time of Loss:
Description of Accident/Nature of Activity (Use additional sheet if necessary)	

**ABOUT THE LOCATION OF INCIDENT**

Name & Address of Owner of Premises (If not the Insured)	Phone Number	Relationship to Insured
Location of Accident (include City & State)		

**ABOUT THE INJURED PERSON OR DAMAGED PROPERTY**

Name & Address (Injured/Owner)		Phone Number
Date of Birth	Sex	Describe Injury or Damage (example: fractured arm; sprained back, broken window, etc.)
Describe Property (Type, Model, Etc.)		Estimated Amount of Repair (if known)
Employer's Name & Address (please indicate relationship to insured/entity, if any.)		Phone Number

**ABOUT WITNESSES**

Name & Address	Work Phone	Home Phone

COMMENTS (Use additional sheets if necessary)

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Reported by	Reported To	Signature of Insured	
Title:	Phone:	Date:	Date:

# LIABILITY

## CLAIM INFORMATION IMMEDIATE AND TIMELY REPORTING IS CRITICAL

### DOCUMENTATION NEEDED: *(To accompany completed claim form)*

- If an attorney is involved give name and address.
- Have papers been served? If so, when? Attach a copy.
- Copies of medical bills, if any.

### ADDITIONAL DOCUMENTATION NEEDED FOR MEDICAL PROFESSIONAL LIABILITY SITUATIONS:

- Medical records
- Incident report
- Any statements by medical personnel

### PROCEDURE:

Please send above information to Adventist Risk Management Inc. ARM will probably assign an adjuster on complex situations. It is important for you to cooperate with them: **If there are any problems let us know immediately.**

**ANY ADDITIONAL INFORMATION MUST BE FORWARDED UPON RECEIPT**

### **Adventist Risk Management, Inc.**

12501 Old Columbia Pike Silver Spring, MD 20904  
Fax: (301) 680-6878

**Phyllis Edmonds, JD**  
**Director**

(301) 680-6871  
(410) 458-7576 (cell)  
[PEdmonds@adventistrisk.org](mailto:PEdmonds@adventistrisk.org)

**Irma Johnson, AIC, ALHC**  
**Assistant Director**

(301) 680-6867  
[IJohnson@adventistrisk.org](mailto:IJohnson@adventistrisk.org)

**Robert H. Burrow, JD**  
**Claims Counsel**

(301) 680-6875  
(301) 346-9642 (cell)  
[RBurrow@adventistrisk.org](mailto:RBurrow@adventistrisk.org)

**J. Victor Elliott, JD, AIC**  
**Claims Counsel**

(301) 680-6808  
(301) 332-2017 (cell)  
[JVElliott@adventistrisk.org](mailto:JVElliott@adventistrisk.org)

### **Adventist Risk Management, Inc.**

11291 Pierce St. Riverside, CA 92515  
P.O. Box 8007 Riverside, CA 92515-8007  
Fax: (951) 353-6848

**Donna L. Diaz, JD**  
**Claims Counsel**

(951) 353-6803  
(951) 754-3574 (cell)  
[DDiaz@adventistrisk.org](mailto:DDiaz@adventistrisk.org)