

**GENERAL LIABILITY**

Telephone: 704-336-3301  
FAX: 704-336-7548

Name: \_\_\_\_\_  
                    First  Middle  Last

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone No.: Daytime: \_\_\_\_\_ Home: \_\_\_\_\_

Exact Location of Incident: (include street no. and landmarks): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date of incident: \_\_\_\_\_ Time of Day: \_\_\_\_\_ A.M. P.M.

Weather at time of incident:    Rainy            Clear            Dry            Icy            Windy

What happened: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Was anyone injured? Yes  No  Describe injuries \_\_\_\_\_

\_\_\_\_\_

Witness Name/Address/Phone #: \_\_\_\_\_

Property damaged? \_\_\_\_\_ [Enclose Est or invoice ]

Please provide Name and Phone Number of any other person or department with whom you have been in contact.

\_\_\_\_\_

I acknowledge that the above information is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return To:**

Risk Management Division  
Cameron-Brown Building, Suite 1100  
301 South McDowell Street  
Charlotte, NC 28204-2640