PROPERTY LIABILITY INCIDENT REPORT

Date of Report: D	Date of Loss:	
Insured Name:	Insured Contact:	
Insured Address:	Phone:	
Type of Incident:Property	Liability (Separate report for Au	uto)
Kind of loss:FireLight	tningFloodTheft _	HailWind
Date of Loss:	Time:	
Location of Loss:		
Description:		

Witness(es):

Name/Contact info:_____



OneGroup Center | 706 N. Clinton Street, Syracuse, NY 13204 | 800.268.1830 | OneGroup.com

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Injured:

Anyone injured? Yes No

Name/Address/Contact Info/Describe Injury

Property Damage (describe)

Additional notations:



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