

# GENERAL LIABILITY REPORT

## EurAuPair

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NAME OF INSURED: \_\_\_\_\_

COVERAGE DATES: \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_

LOCATION OF INCIDENT: \_\_\_\_\_

DESCRIPTION OF INCIDENT: \_\_\_\_\_

\_\_\_\_\_

NAME OF CLAIMANT: \_\_\_\_\_

ADDRESS OF CLAIMANT: \_\_\_\_\_

TELEPHONE NUMBER: ( ) \_\_\_\_\_

EXTENT OF DAMAGE/INJURY: \_\_\_\_\_

POLICE/SECURITY NOTIFIED: \_\_\_\_\_

NAME AND ADDRESS OF  
WITNESSES: \_\_\_\_\_

\_\_\_\_\_

ADDITIONAL REMARKS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

BEST PERSON TO CONTACT FOR ADDITIONAL INFORMATION: \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER: ( ) \_\_\_\_\_

BEST TIME TO CONTACT: \_\_\_\_\_

SIGNATURE OF PERSON COMPLETING REPORT  
AND DATE: \_\_\_\_\_

PLEASE COMPLETE AND RETURN THIS FORM WITH AN ESTIMATE OF  
REPAIR/REPLACEMENT AND PROOF OF HOMEOWNERS POLICY DEDUCTIBLE TO CISI,  
RIVER PLAZA, 9 WEST BROAD STREET, STAMFORD, CT, 06902