

**OKLAHOMA RURAL WATER ASSOCIATION ASSURANCE GROUP  
GENERAL LIABILITY LOSS NOTICE**

Email to: rreagan@orwa.org  
Fax to: ORWAAG - 866-375-9898

Today's Date:

Date of Occurrence:

ORWAAG Member Name:

Address:

City:

State:

Zip:

Contact Name:

Telephone:

Location of Occurrence:  
(include City & State)

**Description of Occurrence:**

**INJURIES**

NAME

BUSINESS AND HOME PHONE NUMBERS

ADDRESS

DATE OF BIRTH

GENDER

DESCRIPTION OF INJURY

MEDICAL FACILITY (IF TREATMENT RECEIVED)

ATTORNEY INFORMATION (IF REPRESENTED)

**PROPERTY DAMAGE**

NAME OF PROPERTY OWNER

BUSINESS AND HOME PHONE NUMBERS

ADDRESS

DESCRIPTION OF DAMAGED PROPERTY

IS THERE A WRITTEN ESTIMATE OR REPLACEMENT/BILL FOR THE DAMAGE? IF YES, PLEASE ATTACH

ATTORNEY INFORMATION (IF REPRESENTED)

REMARKS

EMAIL ADDRESS

REPORTED TO

SIGNATURE OF MEMBER