

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

Fax to: ORWAAG 866-375-9898
or email to orwaag@gmail.com

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 BY	SIGNATURE OF MEMBER
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