



GENERAL CONTRACTORS

FACT REPORT FOR GENERAL LIABILITY LOSS

Complete this form to report property damage or bodily injury. **Other than Higgins Company Property or Company Employees.** In the event of an Accident/Incident Call Safety Dept. 850-340-0348

Date of Loss: 03/16/2018

Time of Loss: 07:29 AM Am/Pm

Photo on File: Yes No:

Employee: Gcgh Ffghj Gfghj

Location: Bbbbb

Type of Claim: Bbbbb

Bodily Injury: Bbbbb

Property Damage: Bjbbjb

Other: H

Major Loss (\$500 or Over) Fgfgggvhvbb

Minor Loss (Under \$500) 500

Injured Person's Name:

Telephone: 465-657-6776

Work: 557-687-8786

Cell: 567-567-7888

Address: Bbhg

City: Vhvh

State: Hvhvhvh6777

Zip Code: 56778888

Name and Extent of Injury:

Bjgjlghggjbjb

Description of Accident/Loss (Tell us how it happened)

All forms must be completed and turned in within 24 hours.