



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: 04/06/2018

Time of Loss: 06:41 AM Am/Pm

Photo on File: Yes _____ No: No _____

Employee: Matt A1 Deluca

Location: california

Type of Claim:

Bodily Injury: _____

Property Damage:

Other:

Major Loss (\$500 or Over)

Minor Loss (Under \$500)

Injured Person's Name:

Telephone:

Work:

Cell:

Address:

City:

State:

Zip Code:

Name and Extent of Injury:

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

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