

MIIA General Liability Claim – First Report

***To be used for claims made that may allege property damage or injury as a result of negligence on the part of the member.**

Member Information			
City/Town:	Member	Department:	Department
Contact:	Member Contact	Phone:	Phone Number
Email:	Email Address	Fax:	Fax Number
Address:	Address		
Report Completed By:	Your name and preferred method of contact.		
Today's Date:	Date		
Third Party Information (Claimant)			
Name:	Third Party's Name	Phone:	Phone Number
Email:	Email Address	Fax:	Fax Number
Address:	Address		
Occurrence Information			
Date of Loss:	Date	Presentment Date:	Date
Property Damaged:	Describe Property	Estimate:	\$Cost of Repairs
Describe Damages:	Describe Damages		
Location of Property:	Where can the damaged property be seen?		
Describe Injury:	Describe Injury		
Treatment to Date:	Has third party sought treatment to date? If so, please describe.		
Other Insurance:	Please provide any insurance info available for the third party.		



Nonprofit
Locally based
Member driven

Serving Massachusetts communities since 1982

MIIA Member Services

15 Cabot Road
Woburn, MA 01801-1003
TEL (800) 526-6442
FAX (781) 376-9907
www.emiaa.org

Did Police Respond?	Yes <input type="checkbox"/> or No <input type="checkbox"/>	Police Report? (please attach)	Yes <input type="checkbox"/> or No <input type="checkbox"/>
Loss Location:	Loss Location		

Description of Occurrence
Enter a description of the occurrence and any comments here.