

Claim Type:

GENERAL LIABILITY Property/Bodily Injury Claim Form

Bodily Injury:

Send Form To: Mark Mckinney

Phone: 803-771-2530

Email: Mmckinney@scac.sc

Fax: 803-252-4556

Please attach any police reports or other documents which are available

Property Damage:

Member/Department:		
Contact:	Work#:	Cell#:
Incident Location:		
Incident Address:		
Date/Time of Incident:		
Incident Description:		
Claimant:	Work #:	Cell #:
Address:		
Witness:		
Address:		
Work#:	Cell#:	
ompleted By:	Phone #:	Date: