

GENERAL LIABILITY/ THIRD PARTY/ PRODUCTS INCIDENT FORM

This form should be completed in the event that your company or its product is alleged to have caused bodily injury or property damage to someone else or their property, or in the event that you have had a Summons delivered to you.*

YOUR COMPANY NAME: _____

ADDRESS: _____

YOUR NAME (filling out this form): _____

DESCRIPTION OF EVENT/ WHAT IS CLAIMED TO HAVE HAPPENED:

DATE OF EVENT: _____

CLAIMANT(S):	ADDRESS:	PHONE:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

* Please send a copy of Summons and Complaint, if applicable and/or any other correspondence received related to this matter.

PLEASE FAX THIS FORM TO CONLON COMPANY (843) 883-5299