



Mississippi Institutions of Higher Learning General Liability Claim Reporting Form

University: _____

Address: _____

Contact Person: _____ Phone: _____

Date of Loss or Occurrence: _____ Time of Loss: _____

Describe Damage/Loss: _____

How Did Damage/Loss Occur? _____

Employee Responsible: _____ Department: _____

If property was damaged, please complete the following:

Owner of Property: _____ Phone: _____

Address: _____

Description of Property: _____

Where can property be seen? _____

If injuries are involved, please complete the following:

(1) Injured Party's Name: _____ Phone: _____

Address: _____

Description of Injury: _____

Was person taken to doctor/hospital? Yes _____ No _____

If yes, where? _____

(2) Injured Party's Name: _____ Phone: _____

Address: _____

Description of Injury: _____

Was person taken to doctor/hospital? Yes _____ No _____

If yes, where? _____

(3) Injured Party's Name: _____ Phone: _____

Address: _____

Description of Injury: _____

Was person taken to doctor/hospital? Yes _____ No _____

If yes, where? _____

List the names and addresses of any witnesses:

(1) Witness's Name: _____ Phone: _____

Address: _____

(2) Witness's Name: _____ Phone: _____

Address: _____

(3) Witness's Name: _____ Phone: _____

Address: _____

Name of Person Completing Form

Date Form Completed

Send Completed Form to:

FARA
795 Woodlands Parkway, Suite 230
Ridgeland, MS 39157
(601) 956-9061 FAX: (877) 648-3272