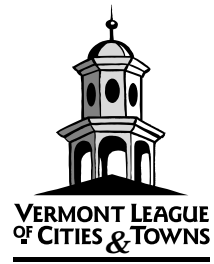


**VLCT, PACIF  
GENERAL LIABILITY ACCIDENT REPORT**



**\*\* Please mail completed form to:** VLCT, PACIF  
89 Main Street, Suite 4  
Montpelier, VT 05602-2948

Telephone #: (802) 229-9111 or (800) 649-7915  
Fax #: (802) 229-2211

<b>MEMBER</b>	Name _____		Contact Person: _____		
			Telephone #: _____		
	Address: _____		City/Town _____	State _____	Zip _____
<b>TIME &amp; PLACE</b>	Date of Loss _____	Time of Loss _____	Location of Loss _____	City/Town _____	State _____
<b>OFFICIALS CALLED TO THE SCENE</b>	Please Check one:	Fire Depart. _____	Ambulance _____	Police _____	None _____
	If so, please identify: _____				
<b>CLAIMANT - (Property Damage)</b>	Name _____		Age _____	Telephone # _____	
	Address _____		City/Town _____	State _____	Zip _____
	Describe Damaged Property _____		Location of Property _____	City/Town _____	State _____
	Extent of Damage _____				
<b>CLAIMANT - (Bodily Injury)</b>	Name _____		Age _____	Telephone # _____	
	Address _____		City/Town _____	State _____	Zip _____
	Occupation _____				
	Describe Extent of injury: _____				
<b>SUMMARY</b>	Description of Claim (General Liability) _____				
	_____				
	_____				
	_____				
	_____				
	_____				
	_____				
	_____				
<b>WITNESSES</b>	Name _____		Address _____	City/Town _____	State _____
					Zip _____
	Name _____		Address _____	City/Town _____	State _____
				Zip _____	
Date: _____			Signature: _____		