

# NOTICE OF LIABILITY INCIDENT OR CLAIM

DATE (MM/DD/YY)

PRODUCER	PHONE: (833) 227-2209	NOTICE OF OCCURRENCE	DATE OF OCCURRENCE	TIME	AM
	FAX: (678) 832-4910	NOTICE OF CLAIM			PM
Arthur J Gallagher & Co 1050 Crowne Pointe Parkway, Suite 600 Atlanta, GA 30338 info@collegestudentinsurance.com		MASTER POLICY NUMBER OTP07318149	POLICY PERIOD 08/01/2020-08/01/2021		POLICY NUMBER OTP07318151
COMPANY		Report this claim to Interstate Fire and Casualty Company: Email: CIFNOL@ffic.com or Telephone 888-347-3428 or Fax 800-511-3720			

**INSURED GMH Capital Partners Asset Services, LPP and participating resident tenants as their interest appear**

RESIDENT NAME AND ADDRESS		PROPERTY CONTACT NAME AND ADDRESS	
PHONE:	EMAIL:	PHONE:	EMAIL:

**OCCURRENCE**

LOCATION OF OCCURRENCE (Include city & state):	AUTHORITY CONTACTED:
DESCRIPTION OF OCCURRENCE (Use separate sheet, if necessary):	

**INJURED PERSON/PROPERTY DAMAGED**

NAME AND ADDRESS OF INJURED PERSON/PROPERTY OWNER:	PHONE:	ALTERNATE PHONE:
	EMAIL:	
	Age of Injured Party:	Male or Female?
WHAT WAS INJURED PERSON DOING?		
WAS ANY IMMEDIATE FIRST AID TREATMENT GIVEN? PLEASE DESCRIBE:		
DESCRIBE DAMAGED PROPERTY (Type, make, model, etc.):	ESTIMATED VALUE:	
WHAT STEPS HAVE BEEN TAKEN TO PREVENT FURTHER DAMAGE TO PROPERTY?		

**WITNESSES**

NAME AND ADDRESS OF Witnesses (use additional pages as necessary)	PHONE:	ALTERNATE PHONE:
	EMAIL:	
REMARKS:		

**SIGNATURE**

I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT NON-DISCLOSURE OR MISREPRESENTATION OF MATERIAL FACTS MAY VOID COVERAGE AND VIOLATE LAWS PERTAINING TO INSURANCE FRAUD.	
SIGNATURE OF CLAIMANT/INSURED	DATE:

**This Form Must be completed as soon as possible following any incident and emailed or faxed**