

**Taylor & Taylor Associates, Inc.  
Taylor & Taylor, Ltd.  
90 Park Avenue  
New York, New York 10016  
Tel (212) 490-8511  
Fax (212) 490-0370**

**LIABILITY CLAIM FIRST REPORT FORM**

Name of insured \_\_\_\_\_

Address of insured \_\_\_\_\_

Name of claimant \_\_\_\_\_

Address of claimant \_\_\_\_\_

Telephone/fax of claimant \_\_\_\_\_

Person to contact for claimant \_\_\_\_\_

Date of incident/injury \_\_\_\_\_

Location \_\_\_\_\_

Authority contacted \_\_\_\_\_

Describe incident/injury \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe property damage (type, model, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Estimated amount of loss \_\_\_\_\_

Where property can be seen by company adjuster \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The original complaint letter and/or summons should be sent to our office immediately, including the original accompanying envelope.

Please fax the completed form to our claims department at (212) 490-0370