GENERAL LIABILITY LOSS REPORT

Department of Financial Services Division of Risk Management Bureau of State Liability Claims Larson Building Tallahassee, FL 32399-0338

RM File No.:

(Do not complete)

Department:

(List additional injured persons here.)

INJURED PERSON	Name:Address: Occupation & Employer: Why on Premises: Nature & Extent of Injury:	Age: City	Telephone No.:State:
INJURED PERSON	Name:Address: Occupation & Employer: Why on Premises: Nature & Extent of Injury:	Age: City	Telephone No.: State: