



**MOVER'S
CHOICE™**

Moving & Storage
Insurance Program

Phone 800-852-1968
Fax 707-252-5905
MoversChoiceIns.com
Claims@MoversChoiceIns.com

Doing business in California as SPG Insurance Solutions, LLC · License No. 0L09546

GENERAL LIABILITY CLAIM REPORTING FORM

Email completed form to **Gallagher Bassett**
MoversChoiceClaims@mvsc.com or call **(833) 838-2290**

POLICY NO.		DATE REPORTED:	
POLICY EFF. DATE	POLICY EXP. DATE	DATE & TIME OF LOSS	AM PM

INSURED

NAME & ADDRESS:	INSURED'S BUSINESS PHONE:	INSURED'S RESIDENCE PHONE:
	REPORTED BY:	CONTACT PERSON:
	CONTACT'S BUSINESS PHONE:	CONTACT'S RESIDENCE PHONE:
	WHERE TO CONTACT:	WHEN TO CONTACT:

OCCURRENCE

LOCATION OF OCCURRENCE	AUTHORITY CONTACTED:
DESCRIPTION OF OCCURRENCE:	

TYPE OF LIABILITY

PREMISES: INSURED IS <input type="radio"/> OWNER <input type="radio"/> TENANT <input type="radio"/> OTHER	TYPE OF PREMISES:
OWNER'S NAME AND ADDRESS:	
PHONE NO.:	

INJURED/PROPERTY DAMAGE

OWNERS NAME AND ADDRESS:		
AGE:	SEX:	OCCUPATION:
EMPLOYER'S NAME AND ADDRESS:		
DESCRIBE INJURY:		WHEN TAKEN:
DESCRIPTION OF DAMAGED PROPERTY:		AMOUNT OF LOSS:

WITNESSES

NAME AND ADDRESS:	NAME AND ADDRESS:
PHONE NO.:	PHONE NO.:

REMARKS
