

LIABILITY CLAIM REPORT FORM

Insured name and address:	
Insured's contact names & numbers:	
Describe incident – what occurred and how?	
Location of Loss	
Date of Loss	
Claimant's name and age	
Claimant's address and phone #	
Describe any injuries or illness	
Name, address and contact info of any witnesses	
Witnesses- Name, address and phone #	

SEE FOLLOWING PAGE

SOBEL AFFILIATES CLAIMS DEPARTMENT

From 9 am- 5 pm EST Monday through Friday Call:

(800) 221-2834 (OUTSIDE NY TRI-STATE AREA)
(516) 745-1111 (NY TRI-STATE AREA)
(516) 745-5733 (FAX)

BRIAN ROSICKY
Claims Representative
516-880-9266
brosicky@sobelins.com
Customer Names: A-L

PHYLLIS TAUB
Senior Claims Representative
516-880-9264
ptaub@sobelins.com
Customer Names: M-Z

No claim can be considered reported until you have received confirmation from Sobel Affiliates or the insurance company.