

## LIABILITY CLAIM REPORT FORM

Insured's 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 #	

### **BROWN & BROWN OF GARDEN CITY CLAIMS DEPARTMENT**

Available Monday through Friday from 9am – 5pm Eastern Time:

(800) 221-2834 (Outside the NY Tri-State Area)  
 (516) 247-5900 (NY Tri-State Area)  
 (516) 217-1352 (Fax)

In the event of an emergency after business hours or on weekends, call:  
 (516) 361-5155 ... **EMERGENCIES ONLY!**

<p>Account names beginning with:  <b><u>#s, A - H</u></b></p> <p>SHARON PAPAGNI          Claims Account Executive          516-247-5869  <a href="mailto:sharon.papagni@bbrown.com">sharon.papagni@bbrown.com</a></p>	<p>Account names beginning with:  <b><u>I - Q</u></b></p> <p>JOANNE O'NEILL          Claims Account Executive          516-247-5812  <a href="mailto:joanne.oneill@bbrown.com">joanne.oneill@bbrown.com</a></p>	<p>Account names beginning with:  <b><u>R - Z</u></b></p> <p>PHYLLIS TAUB          Claims Account Executive          516-247-5864  <a href="mailto:phyllis.taub@bbrown.com">phyllis.taub@bbrown.com</a></p>
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**No claim can be considered reported until you have received confirmation from  
 Brown & Brown of Garden City or the insurance company.**