



General Liability Email Form

GB Client Number 010563
Client Name Metropolitan Assoc for Improved School Legislation Trust (MAISL)

To report a claim via email, complete this form and email to: MAISLClaims@gbtpa.com

Is this a Record Only? **YES** **NO**

Note: Any question with an asterisk () is required information only for the type of claim you are reporting.*

Client Information

*Member Name			
*Street Address			
*City	*State	ZIP	

Incident Information

*Incident Date			
*Member Notified Date			
*Detailed Description of Incident, including any injuries (limit the characters to 250)			
Location of Incident Name			
Location of Incident Address			
City	*State	ZIP	
Emergency Services Called			

Claimant (Property Damage)

*First Name			
*Last Name			
Street Address			
City	State	ZIP	
Describe Damaged Property			
Estimate of Damage			



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Claimant (Bodily Injury)

* First Name		DOB
* Last Name		
Street Address		
City	State	ZIP
Occupation		
Description of Injury		

Witnesses *(only if any Witnesses)*

First Name		Last Name	
Phone			

Notes/Additional Comments

Additional Remarks	
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Member Contact Information

* Name	
* Title	
Email Address	
* Phone Number	

Submitter Information

Name	
Title	
Email Address	
Phone Number	

NOTE: Timely communication on potential GL claims is critically important; If notification of legal representation is received, submit all legal communication to the adjuster and preserve all evidence.