

General Business Insurance Claim Form

Download our **general business insurance claim form** sample to simplify the filing process. This form includes clear instructions to help you accurately provide all necessary details. Ensure a smooth claim submission by following each step carefully.

Instructions

1. Complete all required fields below. Fields marked with * are mandatory.
2. Attach all supporting documentation (invoices, receipts, photographs, reports, etc.) to substantiate your claim.
3. Review your entries for accuracy before submitting the form.
4. Submit the completed form to your insurance provider as per their specific instructions (email, upload, or mail).
5. Retain a copy of the completed form and all attachments for your records.

1. Business Details

Business Name *

Policy Number *

Contact Person *

Contact Email *

Contact Phone *

2. Incident Details

Date of Incident *

Location of Incident *

Description of Incident *

Was a police report filed?

Select

If yes, Police Report Number

3. Loss or Damage Details

Type of Loss or Damage *

Select

Description of Loss or Damage *

Estimated Amount of Claim (\$)*

List of Attached Supporting Documents

4. Declaration

I hereby declare that the information provided above is true and correct to the best of my knowledge and belief. I understand that submitting false information may lead to denial of my claim.

Signature *

Date *

Submit Claim