



Film Emporium Insurance Services  
1890 Palmer Ave. # 403, Larchmont, NY 10538  
Phone: 914-833-2433 or 800-371-2555  
Fax: 914-833-2430

## LIABILITY CLAIM FIRST REPORT FORM

Name of insured \_\_\_\_\_  
Address of insured \_\_\_\_\_  
Name of claimant \_\_\_\_\_  
Address of claimant \_\_\_\_\_  
Telephone/fax of claimant \_\_\_\_\_  
Person to contact for claimant \_\_\_\_\_  
Date of incident/injury \_\_\_\_\_  
Location \_\_\_\_\_  
Authority contacted \_\_\_\_\_  
Describe incident/injury \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Describe property damage (type, model, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Estimated amount of loss \_\_\_\_\_  
Where property can be seen by company adjuster \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The original complaint letter and/or summons should be sent to our office immediately, including the original accompanying envelope.

Please fax the completed form to our claims department to:  
914-833-2430