

LOYOLA MARYMOUNT UNIVERSITY

General Liability Loss Notice Form

Date of Incident: Time:

Reported to Public Safety: Yes No

Department: Campus Phone Number:

Location of Incident:

Details of Incident:

Person(s) Injured or Owner(s) of Damaged Property:

Name: Phone:

Address:

Name: Phone:

Address:

Name: Phone:

Address:

Name: Phone:

Address:

Submit Report to:

Risk Management Department
Doug Moore, Risk Manager
University Hall 4900
Phone: 310.338.3071
Fax: 310.338.2732
Email: dmoore25@lmu.edu

Signature: