

**LIQUOR LIABILITY JUA OF MASSACHUSETTS  
INCIDENT REPORT  
PLEASE FAX TO: 508-836-4940**



INSURED NAME/ADDRESS: \_\_\_\_\_ AGENCY NAME: \_\_\_\_\_

\_\_\_\_\_  
INSURED POLICY NO.: \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_

INSURED CONTACT NAME \_\_\_\_\_

CONTACT TELEPHONE NO. \_\_\_\_\_

**INCIDENT LOSS INFORMATION**

CLAIMANT NAME: \_\_\_\_\_

**TYPE OF INCIDENT:**

DATE OF INCIDENT/LOSS: \_\_\_\_\_

- AUTO THIRD PARTY
- AUTO INJURIESGUEST/DRIVER
- G.L.-ASSAULT & BATTERY
- PREMISE ALTERCATION
- OFF-PREMISES ALTERCATION

CLAIMANT REPRESENTATION: Y / N

NAME/ADDRESS: \_\_\_\_\_

DESCRIPTION OF CLAIM: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ALLEGED INJURY SUSTAINED: \_\_\_\_\_

\_\_\_\_\_

WITNESSES TO INCIDENT/ACCIDENT: Y / N

NAMES/ADDRESSES/ \_\_\_\_\_  
PHONE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For more information on reporting a claim you may directly contact  
Dana Marchant Email: [dmarchant@lljua.org](mailto:dmarchant@lljua.org)  
Toll free: 877-366-1140 or 508-366-1140 x13

SUBMITTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_