



**“On Time & Under Budget!”**

**LIABILITY CLAIM FIRST REPORT FORM**

Submit completed form to: [insurance@filmemporium.com](mailto:insurance@filmemporium.com)

Name of insured: \_\_\_\_\_

Address of insured: \_\_\_\_\_

Telephone number of insured: \_\_\_\_\_

Person to contact for insured: \_\_\_\_\_

Name of claimant: \_\_\_\_\_

Address of claimant: \_\_\_\_\_

Telephone number of claimant: \_\_\_\_\_

Person to contact for claimant: \_\_\_\_\_

Date of incident/injury: \_\_\_\_\_

Location of incident: \_\_\_\_\_

Authority contacted: \_\_\_\_\_

Description of incident/injury: \_\_\_\_\_

\_\_\_\_\_

Description of property damage, if any: \_\_\_\_\_

\_\_\_\_\_

Estimated amount of loss: \_\_\_\_\_

Where can adjuster see property: \_\_\_\_\_

\_\_\_\_\_

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

**Film Emporium, Inc.**

1890 Palmer Ave., Ste. 403, Larchmont, NY 10538

Tel: (914) 833-2433 / (800) 371-2555

Fax: (914) 833-2430

[www.filmemporium.com](http://www.filmemporium.com)

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