

**Suhr Risk Services of California
Risk Management Division**

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California Insurance License Number 0610521

ALLEGATIONS OF INJURY FROM FOOD

STORE NAME AND ADDRESS: _____

DETAILS OF THE ALLEGED FOOD INJURY:

DATE OF LOSS OR ALLEGED INJURY/SICKNESS: _____

WHEN WAS THE PRODUCT PURCHASED? _____

WHO PREPARED THE PRODUCT? _____

HOW WAS THE PRODUCT PREPARED? _____

DESCRIBE THE INJURY OR ILLNESS RESULTING FROM THE PRODUCT: _____

DOES CUSTOMER HAVE RECEIPT? **YES / NO** DOES CUSTOMER STILL HAVE THE PRODUCT? **YES / NO**

CUSTOMER INFORMATION:

PERSON INJURED NAME/ADDRESS/CITY: _____

HOME #: _____ WORK #: _____ CELL #: _____

WITNESS INFORMATION:

WITNESS _____ NAME/ADDRESS/PHONE#: _____

IS WITNESS AN EMPLOYEE? **YES / NO** IS WITNESS FAMILY/FRIEND OF CUSTOMER? **YES / NO**

STORE CONTACT INFORMATION:

WHO SHOULD THE INSURANCE COMPANY CONTACT AT THE STORE TO DISCUSS THIS INCIDENT?

NAME: _____ PHONE #: _____ EXT: _____

ADDITIONAL INFORMATION: _____
