



LMCIT LIABILITY NOTICE

Send To:		Today's Date: (mm/dd/yy)	
LMCIT Claims 145 University Ave. W. St. Paul, MN 55103-2044		Phone: 651-281-1287 800-925-1122	Reported Previously: <input type="checkbox"/> No <input type="checkbox"/> Yes
Fax: 651-281-1297			
Trust Member Name & Address:		Contact Person & Phone Number:	
COVENANT INFORMATION			
Covenant Number:		Covenant Period: (mm/dd/yy-yy)	
OCCURRENCE INFORMATION			
Date of Occurrence:		Time of Occurrence: (am/pm)	
Description of Occurrence:			
DAMAGE / INJURY INFORMATION			
Name & Address:		Phone Number:	
Description of Damage / Injury:			
Name & Address:		Phone Number:	
Description of Damage / Injury:			
ADDITIONAL INFORMATION / COMMENTS			
Reported By:		Signature:	Date: (mm/dd/yy)