

# Sedgwick General Liability Intake Form

Use only for reporting AMXL claims (In-home delivery)

Please complete the information on screen and save to your computer

Email completed form to: [DeliveryServiceProviders@sedgwickcms.com](mailto:DeliveryServiceProviders@sedgwickcms.com)

Questions: 844-855-3765

Available 24 hours per day, 7 days per week



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**\*Indicates a mandatory field that must be completed in order to accept a claim. However, in order to best process your request, please provide as much information as possible.**

<b>*Insured Name:</b>		<b>Client Name:</b> <i>Delivery Service Providers</i>
		<b>Contract Number:</b> 6887
<b>*DSP Station Code Where Vehicle Operates:</b>		
<b>Reporter Information</b>		
<b>*First Name:</b>		<b>*Last Name:</b>
Title:	<b>*Phone:</b>	Ext:
Email Address:		
<b>Primary Office Information</b>		
Street Address:		
City:	State:	Zip Code:
Phone:	Ext:	
<b>Insured Driver Information</b>		
First Name:	MI:	Last Name:
Home Phone:	Work Phone:	Ext:
Home Address:		
City:	State:	Zip Code:
Date of Birth:		
<b>Insured Vehicle Information</b>		
VIN:		
Body Type:	Year:	Make:
Model:	Color:	
License Plate Number:	State:	
<b>Incident Information</b>		
<b>*Date of Incident:</b>	<b>*Time of Incident:</b>	AM <input type="checkbox"/> PM <input type="checkbox"/>
<b>*Date Employer Notified:</b>		
<b>*Incident Description (please attach separate page if necessary):</b>		
<b>Incident Location Information</b>		
Street Address:		
City:	State:	Zip Code:
<b>Homeowner Information (Customer)</b>		
First Name:	MI:	Last Name:
Home Phone:	Work Phone:	Ext:
Home Address:		
City:	State:	Zip Code:
<b>Other Party Injury Information</b>		
Description of Injury:		
Was the other party transported by ambulance? Yes <input type="checkbox"/> No <input type="checkbox"/>		

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<b>Damaged Property Information</b>		
Describe Property:		
Damage Description:		
Estimated Damage:		
<b>Witness Information</b>		
Name:		
Address:		
City:	State:	Zip Code:
Phone:		
<b>Contact Information</b>		
*First Name:	MI:	*Last Name:
*Phone:	Ext:	Email Address:
Comments/Remarks:		