



Louisiana Home Builders Association General Liability Trust
Risk Management Services, LLC

PO Box 7765
Metairie, LA 70010
Tel: 504.837.3100
Fax: 504.837.3156

PO Box 40647
Baton Rouge, LA 70835
Tel: 225.389.9944
Fax: 225.389.1122

UNDERWRITING

Joel Lookingbill
Underwriter
jlookingbill@rmsla.com
Direct 504.293.2820

CLAIMS

Chase James
Claims Examiner
cjames@rmsla.com
Direct 225.252.9334

ACCOUNTING

Amber Cognevich
Staff Accountant
acognevich@rmsla.com
Direct 504.293.2817

MARKETING

John J. Brooks, IV
Vice President of Marketing
jbrooks@rmsla.com
Phone 225.236.0968

Claims Transmittal Sheet

For Louisiana Home Builders Association General Liability Trust

Transmit Claims Notice To: customerservicegltrust@rmsla.com

Date of Transmittal:

The attached information is provided as a Notice of Occurrence or Claim or Transmittal of Information:

Named Indemnitee:	
Agreement Number:	
Contact Name:	
Work & Cell Numbers:	
Fax Number:	
Email Address:	

In order to process a new claim, please include the following forms or documents:

- General Liability Notice of Claim/Occurrence
- Copy of any Contracts
- Copy of any Summons or Complaints
- Copy of Job File
- Copy of any Correspondence Involving the Job
- If an Injury, Accident Report and/or Photographs
- If Property Damage, Accident Report and/or Photographs

In order to report an occurrence - report only, please include the following:

- Copy of General Liability Notice of Claims/Occurrence
- Correspondence of Information on the Occurrence



Risk Management Services, LLC
P.O. Box 40647
Baton Rouge, LA 70835

For Additional Information,
Please Contact:

tel 888.301.7475
fax 225.389.1122
customerservicegltrust@rmsla.com



Louisiana Home Builders Association GL Trust

General Liability – Notice of Claim General Liability – Notice of Occurrence, Report Only

Producer: _____ Producer Phone: _____

Agreement #: _____ Effective Date: _____ Expiration Date: _____

Named Indemnitee: _____ Email: _____

Named Indemnitee Address _____ *City* _____ *State* _____ *Zip* _____

Work Phone: _____ Cell: _____ Time to Contact: _____

Contact Name: _____ Phone Numbers: _____ Email: _____

Loss Information

Date of Loss: _____ Location of Loss: _____

Description of Loss: _____

Coverage Information

Endorsement Numbers: _____ Retroactive Date: _____

Limits: _____ Deductible: _____

Injury / Property Damage

Name: _____ Phone: _____

Address _____ *City* _____ *State* _____ *Zip* _____

Person to Contact: _____ Work Phone: _____ Cell Phone: _____

Description of Injury / Damage: _____

If injured, Date of Birth: _____ Social Security #: _____

Occupation: _____ Employer: _____

Witness Information

Name: _____ Phone: _____

Address _____ *City* _____ *State* _____ *Zip* _____

Remarks: _____

Date: _____ Reported By: _____

Email of Person Reporting Claim: _____