



STANDING ROCK SIOUX TRIBE  
PROPERTY DEPARTMENT

# General Liability Loss Form

**Insured:** STANDING ROCK SIOUX TRIBE

Department:	Date/Time of Loss
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**Claimant:**

Name:	Phone:
Address:	Email:

Location of Injury or property damage:

Police or Fire Dept Contacted:	Describe Injury:	Describe Property:
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Witness: (name, address, phone)

Description of Occurrence: [Click here to enter text.](#)

### Insured Contact Info

Claim Contact:	Contact Email:
Authorized By:	Contact Phone:

**Questions and completed forms should be sent to:**  
– Email: **PROPERTY@STANDINGROCK.ORG**  
TEL: **(701) 854 - 8573**