



George Petersen  
Insurance Agency

## ERRANT GRANT BALL CLAIM FORM

DATE \_\_\_\_\_

- Claimants Name \_\_\_\_\_
- Claimants Email \_\_\_\_\_
- Claimants Phone # \_\_\_\_\_
- Where did this incident occur?(Street) What direction were you driving? \_\_\_\_\_

\_\_\_\_\_

- Which direction was the golf ball traveling? \_\_\_\_\_

- What time did the incident occur? \_\_\_\_\_

- Description of Damage / Injury \_\_\_\_\_

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\_\_\_\_\_

- Club Contact / Email / Phone #

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