

**CLAIMS REPORTING PROCEDURE****(SECTION A) GENERAL INFORMATION**

Named Insured	Policy No.	Date of Loss/Injury/Incident
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Legal Name of Location Involved, Plus Address

Exact Location Where Loss or Injury Occurred

Name of Person Filing Report (please print)	Position (if applicable)	Daytime Phone No. ( )
Alternate Contact Person's Name	Position (if applicable)	Daytime Phone No. ( )

**(SECTION B) PARTICULARS**

This incident involves:  Bodily Injury  Theft  Damage to property not owned by You  Damage to Property owned by You  
 Is there more than one claimant?  Yes  No If yes, complete an incident report for each claimant!  
 Was there alleged to be a hazardous condition causing the incident?  Yes  No If yes, describe:

Comment on weather conditions, claimant's footwear, etc.

Did the claimant's actions cause or contribute to the incident?  
 Yes  No If yes, how?

Was another person alleged to have caused the incident?  
 Yes  No If yes, who?

Name	Address	Daytime Phone No. ( )
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**INCIDENT DETAILS**

Description of Incident (Also describe location within premises or beyond premises where it happened)

**COMPLETE THIS SECTION IF PERSON(S) INJURED**

Name of Person Injured	Age (approximately) <input type="checkbox"/> Male <input type="checkbox"/> Female	Guardian if Minor
Address	Town/City	Daytime Phone No. ( )
Occupation	Employed by	Daytime Phone No. ( )
Nature and Extent of Injury	Was medical treatment required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Treatment <input type="checkbox"/> by Doctor <input type="checkbox"/> at Hospital <input type="checkbox"/> None

**WITNESSES (VERY IMPORTANT)**

Name	Address	Daytime Phone No. ( )
Date	Signature	

**WHAT YOU CAN DO TO ASSIST**

1. Do not admit liability. Legal liability is complex matter.
2. Make sure that any injured person receives immediate first aid. Call an ambulance if necessary.
3. Take photos of area immediately after the accident.
4. It is vital that any letter from a claimant or lawyer, or court forms be sent immediately to the broker's claims department.

**PRIVACY**

By entering your Personal Information on this Form, you are consenting to its collection, use, disclosure and retention for the investigation, settlement and payment of claims.

