***Report every incident promptly to the above-mentioned office***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Policy Holder** | | | | | | | | | | | | | | |
| Name: |  | | | | | | | | Contact: | |  | | | |
| Name of location: |  | | | | | | | | Telephone: | | ext. | | Fax: |  |
| Full address: |  | | | | | | | | | | | | | |
| What control do you have of incident premises | | | | | | | | **Click here** | | | | | | |
|  | | | | | | | | | | | | | | |
| **Bodily Injury** | | | | | | | | | | | | | | |
| Name of the person injured: | | | | |  | | | | | Address: | |  | | |
| Where and by whom employed: | | | | |  | | | | | | | | | |
| Nature and extent of injuries: | | | | |  | | | | | | | | | |
| Name of doctor or hospital where taken: | | | | | | |  | | | | | | | |
| Why was injured on premises? | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Property Damage** | | | | | | | | | | | | | | |
| Name of owner: |  | | | | | | | | | Telephone: | | ext. | | |
| Full address: |  | | | | | | | | | | | | | |
| Kind of property and extent of damage: | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Description of Incident** | | | | | | | | | | | | | | |
| Date of incident: | |  | | | | | | | | Time: | | **Click here** | | |
| Where (Street, City): | |  | | | | | | | | | | | | |
| Full description and cause: | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Witnesses** | | | | | | | | | | | | | | |
| Full names and addresses (include those who inspected location immediately before or after incident as well as those who saw incident) (attach additional sheet if necessary): | | | | | | | | | | | | | | |
| Name: |  | | | | | | | | | | | | | |
| Full address: |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Name: |  | | | | | | | | | | | | | |
| Full address: |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Name: |  | | | | | | | | | | | | | |
| Full address: |  | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Policy Holder’s Investigation of Incident** | | | | | | | | | |
| Statement by third party as to cause of incident: | |  |  | | | | | | |
| Complainant’s attitude: |  | | | | Do you think claim will be made? | | | **Click here** | |
| Is any other party (i.e. tenant, landlord, maintenance, snow-removal contractor, etc.) required to carry insurance covering this type of incident? | | | | | | | | **Click here** | |
| Has this incident been reported to any other party? | | | | **Click here** | | | | | |
| If yes, which party? | | | | **Click here**      Please attach copy of certificate of insurance. | | | | | |
|  | | | | | | | | | |
| **Other information or comments** | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
| Date of report: | | | | | | By: |  | |
|  | | | | | |  | *Name of individual filling out this report* | |