



Liability Incident Report

Thoroughly complete this report and send it, along with additional supporting documentation, to your agent.

Named Member: _____ Policy #: _____ Date: ____/____/____

Member Contact Person: _____ Title: _____

Member Mailing Address: _____ City: _____ Zip: _____

Email Address: _____ Phone: (____) _____

Contact for the claim? Yes No If No, Contact Name: _____ Phone: (____) _____

Agency: _____ Agency Contact Person/Title: _____

Email Address: _____ Phone: (____) _____

Address: _____ City: _____ Zip: _____

Date of Incident: ____/____/____ **Time of Incident:** ____:____ AM PM

Location/Address of Incident: _____
(Physical Address – if there is no specific address, describe location, i.e. cross streets)

Fully Describe the Incident: _____

Authorities Contacted? Yes No If Yes, Who? _____ Report Number: _____

Property Damage:

Describe Property: _____ Describe Damage: _____

Owner Name: _____ Address: _____

Phone: (____) _____

Injured Parties:

Name: _____ Address: _____

Phone: (____) _____ Extent of Injury: _____

Name: _____ Address: _____

Phone: (____) _____ Extent of Injury: _____

Witnesses:

Name: _____ Address: _____ Phone: (____) _____

Name: _____ Address: _____ Phone: (____) _____