|  |  |
| --- | --- |
|  | **CLAIM REPORT FORM** |
|  |  | AUTO [ ]  PROPERTY [ ]  LIABILITY [ ]  OTHER [ ]  |
| Report Completed By: |       | Date: |       |  |
| Contact: |       | Bus#: |       | Cell#: |       |
| Date & Time of Loss: |       | Police/Fire Dept?: |       |
| Type of Loss: |       | Location of Loss: |       |

|  |
| --- |
| **LIABILITY INCIDENTS (i.e. slip and falls)** |

Type of Loss: [ ]  Bodily Injury [ ]  Miscellaneous Liability (errors & omissions, directors & officers etc.)

[ ]  Property Damage [ ]  Crime (inside/outside robbery, employee dishonesty etc.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Claimant: |       | Phone Number |       |  |

Location of Incident: [ ]  Inside [ ]  Outside [ ]  Sidewalk/Steps [ ]  Parking Lot [ ]  Cemetery [ ]  Other

Weather Conditions: [ ]  Rain [ ]  Snow [ ]  Sleet [ ]  Icy/Slippery [ ]  Hot/Humid [ ]  Windy [ ]  Clear

|  |  |
| --- | --- |
| Details of Incident: |       |
|       |

Was anyone injured? [ ]  Yes [ ]  No Were medical services provided? [ ]  Yes [ ]  No

|  |
| --- |
| **PROPERTY LOSSES (i.e damage to buildings, contents, equipment, etc.)** |

Type of Loss: [ ]  Fire [ ]  Theft [ ]  Wind [ ]  Lightning [ ]  Vandalism

[ ]  Boiler/Machinery [ ]  Water [ ]  Other

|  |  |
| --- | --- |
| Details of Incident: |       |
|       |
| Estimated value of property damaged/lost/stolen: |       |

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| --- |
| **AUTOMOBILE INCIDENTS** |

|  |  |
| --- | --- |
| Any Passengers Injuries (who/extent)?: |       |
| If Automobile – Vehicle Description: |       | Unit #: |       |
| Is Vehicle Drivable?: |       | If Not, Location: |       |
| Our Driver: |       | Bus#: |       | Cell#: |       |
| Third Party Driver: |       | Address: |       |
| Cell#: |       | Bus#: |       |
| Third Party Vehicle Desc.: |       | Plate #: |       |
| Third Party Ins. Co.: |       | Agent: |       | Pol #: |       |
| Details of Incident: |       |
|       |

|  |
| --- |
| **WITNESSES (if any)** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |       | Phone Number: |       |  |
| Name: |       | Phone Number: |       |  |