

LIABILITY INSURANCE INCIDENT REPORT

If an incident occurs which you feel could lead to you being a defendant in a lawsuit or legal action could result, take time **immediately** after the occurrence to write down the details of the incident on this form. Because some incidents for which you may be held accountable may not take the form of a lawsuit or legal action for several months, you protect yourself by writing down the important facts of the incident on this form immediately after they occur. **Use additional paper if necessary.**

NAME OF ORGANIZATION _____

NAME OF GROUP / TEAM _____

POLICYHOLDER _____ **POLICY NUMBER** _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE (home) _____ **(work)** _____

Other organization(s) involved with this incident _____

Date of Incident _____ **Time of incident** _____

Incident Location _____

Names of those involved _____

Witnesses present (include address & phone number) _____

Describe Incident (use separate sheet if necessary) _____

Name & position of person completing this report _____

Signature _____ **Date** _____

****** MAKE A COPY OF THIS REPORT FOR YOUR RECORDS ******

Send original report to: **Special Markets Insurance Consultants**
ATTN: Claim Department
2615 Post Road
Stevens Point, WI 54481

01/02/02