



Policy No.  Date of report  Date of loss   
 Certificate No.  Insured Name   
 Name of person completing report  Contact person   
 Phone number  Phone number

**Complete for all Liability Incidents** (i.e. slips 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  other

Weather conditions:  rain  snow  sleet  icy/slippery  hot/humid  windy  clear

Details of incident: \_\_\_\_\_

Time of day \_\_\_\_:\_\_\_\_  AM  PM

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

**NOTE: Do not make any statements or declarations accepting or admitting liability**

**Complete for all Property Losses** (i.e. damage to buildings, contents, equipment, etc.)

- Type of loss:  Fire  Theft  Water (specify type i.e. flood, sewer backup, plumbing etc.)  
 Wind  Vandalism  Other (specify) \_\_\_\_\_  
 Lightning  Boiler/Machinery (accidental breakdown of air conditioning units, electrical panels etc.) \_\_\_\_\_

Location of incident \_\_\_\_\_

Description of incident \_\_\_\_\_

Estimated value of property damaged/lost/stolen \$ \_\_\_\_\_

**Witnesses:** Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Police Information:**

Name of the investigating officer  Occurrence number   
 Badge number:  Phone No.   
 Division or Region

Additional details \_\_\_\_\_