

GENERAL LIABILITY INCIDENT REPORT

(Property Damage/Bodily Injury to Others)

INSURED INFORMATION

Insured Business Name			
Address		City	State ZIP
Primary Contact Name	Title	Telephone	E-mail

EVENT AND LOSS INFORMATION

Venue Name & Address (Physical location where the loss occurred)	Date & Time Of Accident
Location Of Incident (Area within club/venue where loss occurred)	Manager On Duty
Name Of Event	Manager's Phone Number & Email Address

CLAIMANT INFO	Name Of Injured/Damaged Party (Claimant)		
	Address (Street, City, State)		
	Home/Cell Telephone	Work Telephone	Email Address
	Is claimant a minor?	Name & Phone Number Of Parent/Guardian:	
	Is claimant a: <input type="checkbox"/> PATRON <input type="checkbox"/> VENDOR EMPLOYEE <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> OTHER: (specify)		

ACCIDENT DESCRIPTION

(Be as detailed as possible. Include all relevant & factual information that applies, such as, how the injury or property damage occurred, type & extent of injury/damage, who was involved, weather conditions, premises conditions, lighting conditions, etc.)

ADDITIONAL DETAILS

Is there video footage of the incident? Yes No (If yes, please save a copy for the insurance company.)

BODILY INJURY

PROPERTY DAMAGE

Did claimant have any visible injuries?
If yes, list here:

Was any property damaged/stolen?
If yes, list here:

Was claimant noticeably intoxicated?
If yes, explain here:

Were medical services offered?
Were medical services refused?
Was EMT called?
Was claimant transported by ambulance?
If yes, where was claimant taken?

Was claimant asked to leave the premises?
Was claimant escorted off premises?
Did claimant physically resist?
Was anyone else escorted off premises?

If applicable, please explain who performed ejections, how the parties were ejected, how the parties resisted, what additional measures were needed/taken, etc.:

Was security: In-house Third-party Both

Is there a written contract with third-party security company? Yes No

EMPLOYEES INVOLVED / EMPLOYEE WITNESS(ES) (Continue on a separate page, if necessary.)

1. Name	Address	Home Phone/Business Phone
2. Name	Address	Home Phone/Business Phone
3. Name	Address	Home Phone/Business Phone

NON-EMPLOYEE PARTIES / WITNESS(ES) (Continue on a separate page, if necessary.)

1. Name	Address	Home Phone/Business Phone
2. Name	Address	Home Phone/Business Phone

POLICE INFORMATION

Were police called?	Department Name & Phone Number:	Report Number:
Were any arrests made?	Who was arrested?	

FINAL DETAILS

INCIDENT REPORT COMPLETED BY	Date	E-mail Address & Phone Number
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WHEN COMPLETE, SEND TO:

	Attention: Michelle Carroll	Email: mcarroll@higginbotham.net	Fax: 800-521-8540
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