

## INSURED INFORMATION

|                              |              |                  |                         |
|------------------------------|--------------|------------------|-------------------------|
| <b>Insured Business Name</b> |              |                  |                         |
| <b>Address</b>               |              | <b>City</b>      | <b>State</b> <b>ZIP</b> |
| <b>Primary Contact Name</b>  | <b>Title</b> | <b>Telephone</b> | <b>E-mail</b>           |

## EVENT AND LOSS INFORMATION

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

|                      |  |                       |                      |
|----------------------|--|-----------------------|----------------------|
| <b>CLAIMANT INFO</b> | <b>Name Of Injured/Damaged Party – Property Owner (Claimant)</b> |                       |                      |
|                      | <b>Address (Street, City, State)</b>                             |                       |                      |
|                      | <b>Home/Cell Telephone</b>                                       | <b>Work Telephone</b> | <b>Email Address</b> |

## LOSS AND PROPERTY DAMAGE DESCRIPTION (Be as detailed as possible. Include all relevant & factual information that applies, such as, how the damage occurred, type & extent of damage, estimated cost of repairs/replacement, who was involved, who owns the property, property owner's relationship to/role in the event, etc.)

## ADDITIONAL DETAILS

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

Is there a written contract with the claimant(s)/property owner(s)?  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

|                                     |             |  |
|-------------------------------------|-------------|--|
| <b>INCIDENT REPORT COMPLETED BY</b> | <b>Date</b> | <b>E-mail Address &amp; Phone Number</b> |
|-------------------------------------|-------------|--|

## WHEN COMPLETE, SEND TO:



**Attention:**  
**Michelle Carroll**

**Email:**  
[mcarroll@higginbotham.net](mailto:mcarroll@higginbotham.net)

**Fax:**  
**800-521-8540**