



Instructions: *Please print using blue or black ink. Complete separate form for each injured person or property loss claim. Retain a copy and send original to Risk and Compliance Services, 0046. Attach photos, if available.*

GENERAL INFORMATION	
Name of Event:	
Special Event Certificate of Insurance Number:	
Location where Accident/Incident Occurred:	
Date/Time of Incident:	

FOR INJURIES: INJURED PERSON		
Name:	Phone Number:	
Address:	Age:	SSN:
Describe Cause of Injuries:		
Nature and Extent of Injuries:		
Medical Attention Received:		
Name, Address of Attending Physician:		

FOR PROPERTY LOSS/DAMAGE: PROPERTY OWNER	
Name:	Phone Number:
Address:	
Describe Property Loss:	
Describe any unsafe condition or unsafe act causing the loss:	
Witness Name:	Address:

SIGNATURES	
Signature of Claimant:	Date:
Signature of Organization Representative:	