

GENERAL LIABILITY INCIDENT REPORT

POLICYHOLDER INFORMATION

POLICYHOLDER NAME	CHARTIS POLICY NUMBER
NAME OF CONTACT (First, Last)	E-MAIL ADDRESS
PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> OFFICE <input type="checkbox"/> CELL	

LOCAL/PRIMARY POLICY INFORMATION

NAME OF LOCAL/PRIMARY INSURANCE COMPANY	POLICY NUMBER	EFFECTIVE DATE (M/D/YY) FROM TO
CLAIM ADJUSTER NAME	DATE INCIDENT REPORTED (M/D/YY)	CLAIM NUMBER
CLAIM ADJUSTER E-MAIL ADDRESS	CLAIM ADJUSTER PHONE	

GENERAL INFORMATION

DATE OF INCIDENT (M/D/YY)	TIME OF INCIDENT	<input type="checkbox"/> AM <input type="checkbox"/> PM
LOCATION OF INCIDENT	CITY, COUNTRY	
DESCRIPTION OF EXCURSION/ACTIVITY		
WERE AUTHORITIES CONTACTED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHO?	WAS A REPORT NUMBER GIVEN? <input type="checkbox"/> YES <input type="checkbox"/> NO REPORT NUMBER	

DESCRIPTION OF INCIDENT (ATTACH ADDITIONAL SHEET IF NECESSARY)

ACCOUNT OF INCIDENT:
(DESCRIPTION MUST BE PROVIDED BY THE EXCURSION LEADER OR TOUR OPERATOR REPRESENTATIVE PRESENT AT TIME OF INCIDENT)

INJURY INFORMATION

PERSON INJURED (First, Last)	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH
US CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	NATIONALITY (IF NOT US CITIZEN):	
SOCIAL SECURITY NUMBER		E-MAIL ADDRESS
PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> OFFICE <input type="checkbox"/> CELL		ADDRESS (STREET, CITY, COUNTRY)
WAS FIRST AID OR INITIAL MEDICAL ATTENTION PROVIDED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE DESCRIBE:		
WAS TREATMENT RENDERED AT HOSPITAL OR MEDICAL FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PROVIDE THE FOLLOWING: NAME OF HOSPITAL/MEDICAL FACILITY: STREET ADDRESS:		
WAS PROPERTY DAMAGED IN THIS INCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE DESCRIBE (TYPE, MAKE, MODEL, ETC):		

CONTACT INFORMATION FOR WITNESSES (ATTACH ADDITIONAL SHEET IF NECESSARY)

NAME (First, Last)	ADDRESS	PHONE	E-MAIL ADDRESS

IT IS MANDATORY FOR THE EXCURSION LEADER OR TOUR OPERATOR REPRESENTATIVE TO PROVIDE A WITNESS STATEMENT EVEN IF NOT AN EYE WITNESS TO THE INCIDENT

SIGNATURE	REPORTED BY (First, Last)	DATE REPORTED (M/D/YY)
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