



School Insurance Specialists

GENERAL LIABILITY INCIDENT/ACCIDENT REPORT INSTRUCTIONS

GENERAL INFORMATION

MEMBER NAME _____ BUILDING NAME _____

DATE OF INCIDENT/ACCIDENT _____ TIME _____ A.M. P.M.

NAME OF INJURED _____ SOCIAL SECURITY NUMBER _____

Is injured: STUDENT EMPLOYEE VISITOR VOLUNTEER CONTRACTOR CONTRACTED EMPLOYEE

DATE OF BIRTH _____ PARENT NAME _____

ADDRESS OF INJURED/PARENT _____

HOME PHONE OF INJURED/PARENT _____ OFFICE PHONE OF INJURED/PARENT _____

INSURANCE INFORMATION

Is the person covered by any other health care coverage (including coverage under parents/guardians plan)? YES NO

If no, sign here: _____

NAME OF HEALTH CARE COVERAGE/PLAN	MAILING ADDRESS	CITY	STATE	ZIP

POLICY/CONTRACT NUMBER _____ GROUP NUMBER _____ GUARANTOR NAME _____

Location of accident: SCHOOL BLDG. SCHOOL GROUNDS SCHOOL BUS TO/FROM SCHOOL OTHER Describe: _____

Place of accident: CLASSROOM GYM SHOP HALLWAY/STAIRWAY PLAYGROUND
 PARKING LOT SPORTING EVENT/PRACTICE OTHER Describe: _____

Describe incident/accident: _____

WITNESS NAME _____ PHONE _____

NATURE OF INJURY _____

Was medical treatment sought? YES NO Where? _____

If hospital, was ambulance called? YES NO Ambulance company: _____

Additional remarks: _____

REPORT PREPARED BY _____ TITLE _____

PHONE _____ DATE _____