GENERAL LIABILITY INCIDENT REPORT

Bodily Injury | Property Damage | Premises & Operations

GNP INSURANCE BROKERAGE

INSURED INFORMATION

NAMED INSURED

INSURANCE CARRIER

POLICY NUMBER

INSURED CONTACT NAME

PHONE NUMBER

EMAIL

INCIDENT INFORMATION

DATE OF INCIDENT

TIME OF INCIDENT

☐ am ☐ pm

DATE INSURED WAS NOTIFIED

Location of the incident

STREET

CITY

STATE

ZIP CODE

Location Type: ☐ Insured's Premises ☐ Job Site / Work Location ☐ Public Area ☐ Other

DESCRIPTION OF INCIDENT (WHAT HAPPENED, HOW, AND WHAT WAS THE CLAIMANT DOING?)

Were police or other authorities contacted? ☐ Yes ☐ No

POLICE DEPARTMENT / AGENCY

POLICE REPORT NUMBER

Is there video, photo, or other evidence of the incident? ☐ Yes ☐ No

Was an internal incident report completed? ☐ Yes ☐ No

CLAIMANT INFORMATION

FIRST NAME

LAST NAME

MAILING ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

EMAIL ADDRESS

Claimant Type: ☐ Customer / Guest ☐ Tenant / Resident ☐ Contractor / Vendor ☐ Member of Public

Is the claimant represented by an attorney? ☐ Yes ☐ No ☐ Unknown

BODILY INJURY

Was the claimant injured? ☐ Yes ☐ No ☐ Unknown

DESCRIPTION OF INJURIES (NATURE OF INJURY - CUT, BRUISE, FRACTURE, ETC.)

BODY PART(S) INJURED

Initial Treatment: ☐ None / Declined ☐ First Aid On Site ☐ Ambulance / EMS ☐ ER / Urgent Care ☐ Hospital Admission ☐ Unknown

TREATMENT PROVIDED BY (NAME / FACILITY)

Did the injury result in death? ☐ Yes ☐ No

PROPERTY DAMAGE

Was there any damage to the claimant's property? ☐ Yes ☐ No

DESCRIPTION OF DAMAGED PROPERTY AND EXTENT OF DAMAGE

ESTIMATED DAMAGE AMOUNT

WHERE CAN THE PROPERTY BE INSPECTED?

WITNESSES

Were there any witnesses to the incident? ☐ Yes ☐ No

NAME PHONE NUMBER

NAME PHONE NUMBER

NAME PHONE NUMBER

REPORTING INFORMATION

NAME OF PERSON SUBMITTING THIS REPORT TITLE DATE OF REPORT

PHONE NUMBER EMAIL

ADDITIONAL COMMENTS