

Incident Report Form

Claims Reporting Procedure

If you have a question concerning whether to report an incident or claim, call your broker.

Nonprofit / Insured:

Complete all items to the best of your ability, sign and date page 3, and immediately give it to your supervisor.

Supervisor:

Fax this Incident Report Form to your **insurance broker** immediately. **Important:** Retain any equipment or furniture which caused or contributed to an injury until it can be inspected by an insurance representative.

Broker:

Refer to our website for instructions on claim reporting.

If a claim needs to be reported after business hours or on the weekend, call (866) 718-1947. This number is reserved for true claims emergencies after business hours and weekends.

Nonprofit Information

Name of Organization		ANI/NIAC Policy Number	
Other Insurance: Carrier	Other Insurance: Line of Coverage		Other Insurance: Policy Number
Name of Contact		Title	
Address – Street		City	State Zip
Business Phone # Ext ()	Business Fax # ()	Email Address	

Broker Information


Agency	Contact Name
Email	Phone

Incident Information

Date of Incident	Day of Week (pick one)	Time of Incident AM PM	Did the incident occur on organization's premises? Yes No
Location of Incident (if possible, take pictures of the area with a digital or disposable camera)			
Police Department Contacted Yes No	Fire Department Contacted Yes No		Report Number



Incident Information (continued)

Description of Incident (A brief factual account of the incident; include who was involved, how the incident occurred and what action is being taken in response to the incident. Use the back of the sheet if more space is needed.)	For Faster Turnaround: Send photos or video footage of scene of incident. 

Witness Information

Witness #1 Name (first and last)	Address		
Email Address	Telephone No. ()	Date of Birth	
Witness #2 Name (first and last)	Address		
Email Address	Telephone No. ()	Date of Birth	

Claimant Information

1. Name of Injured Party	Date of Birth	Employee Client Volunteer Visitor Other –
Nonprofit Address – Street	City	State Zip
Home Phone # ()	Business Phone # ()	Email Address
Description of Injury (nature and extent of; please be specific):		
Transported by Ambulance Yes No	Name and Phone # of Hospital or Doctor, if applicable	

Observations of Nonprofit

Claimant's Attire/Description of Clothing (i.e., shorts, t-shirt)	Type of Shoes	Was Claimant carrying anything? (if yes, what) No Yes –
Describe claimant's demeanor when making the report (i.e., agitated, in obvious or no obvious pain, able to move around while describing what happened, etc.) <i>(Use the back of the form or attach an additional sheet of paper if needed)</i>		



Claimant Information

2. Name of Injured Party		Date of Birth	Employee Other –	Client	Volunteer	Visitor
Nonprofit Address – Street		City		State	Zip	
Home Phone # ()	Business Phone # ()	Email Address				
Description of Injury (nature and extent of; please be specific):						
Transported by Ambulance Yes No		Name and Phone # of Hospital or Doctor, if applicable				

Observations of Nonprofit

Claimant's Attire/Description of Clothing (i.e., shorts, t-shirt)	Type of Shoes	Was Claimant carrying anything? (if yes, what) No Yes –
Describe claimant's demeanor when making the report (i.e., agitated, in obvious or no obvious pain, able to move around while describing what happened, etc.)		
<i>(Use the back of the form or attach an additional sheet of paper if needed)</i>		

Print name of individual completing the form

Signature

Date



Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

The following language applies to ANI applicants for Liability coverages only:

Notice:

This policy is issued by your risk retention group. Your risk retention group may not be subject to all of the insurance laws and regulations of your State. State insurance insolvency guaranty funds are not available for your risk retention group.

The following language applies to NIAC applicants for Liability coverages only:

Notice: This risk pooling contract is issued by a pooling arrangement authorized by California Corporations Code Section 5005.1. The pooling arrangement is not subject to all of the insurance laws of the State of California and is not subject to regulation by the Insurance Commissioner. Insurance guaranty funds are not available to pay claims in the event the risk pool becomes insolvent.

Important Notice: NIA's policy may not afford coverage to any claim, incident, suit, complaint, or situation the Applicant knew of prior to the effective date of the proposed policy. It is important that all such incidents that may give rise to a claim be reported to the current insurer.