# GENERAL LIABILITY INCIDENT REPORT

## INSURED LOCATION

| | | |
|---|---|---|
| **Name & Address of Office/Location of Incident:** | | **Date:** |
| **Name and Title of Employee Completing This Report:** *(Required)* | | **Telephone:** |
| **Name & Title of Employee With Best Knowledge of Incident:** | | |
| **Location of Incident:** | **Accident/Loss Date:** | **Time:** |

## INJURED PARTY *(If Applicable)*

| | | |
|---|---|---|
| **Name: (Last, First, Middle Initial)** | | |
| **Address: (Street, City, State, ZIP Code)** | | |
| **Telephone:** | **Date of Birth:** | ☐ **Visitor** ☐ **Patient** ☐ **Employee** |
| **Nature and Extent of Injuries:** *(Be as specific as Possible)*<br><br>*(Document accident description on reverse side of report)* | | |
| **Examined by Physician:** ☐ **Yes** ☐ **No**<br><br>**Examining Physician Name:** | | **911 Called:** ☐ **Yes** ☐ **No**<br><br>**Transferred by EMS to:** |

## PROPERTY LOSS/DAMAGE *(If Applicable)*

| | |
|---|---|
| **Name of Property Owner:** | **Telephone:** |
| **Address: (Street, City, State, ZIP Code)** | ☐ **Visitor** ☐ **Patient** ☐ **Employee** |
| **Description of Property, Nature and Extent of Damages:** *(Be as Specific as Possible)* | |

## WITNESSES

| **Name of Witnesses: (Last, First, Middle Initial)** | **Address: (Street, City, State, ZIP Code)** | **Telephone:** |
|---|---|---|
| **1.** | | |
| **2.** | | |
| **3.** | | |
| **4.** | | |

**NOTE: Do not delay filing report with your general liability insurer. Keep a copy for your own records.**

# GENERAL LIABILITY INCIDENT REPORT *(Cont'd)*

***Description of Accident:***

**Use additional space for diagrams or continuation of accident comments. Attach any available photographs. Please also include photographer's name, date and time photos taken, along with a brief description of photo written on the back of each picture.**