



Incident Report Form Guidelines & Suggested Questions to Include

Print and complete this form to report any incident resulting in potential bodily injury or property damage. Send the completed form within 24 hours of the incident to _____ or _____ . Please contact _____ at _____ if you have questions about this form.

Have the Insurance Agent and the Insurance Company Been Notified:		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Incident Details:			
Time:			
Date:			
Specific Location:			
Description of Incident: (Explain in detail the manner in which the incident or loss occurred. Please state the conditions present at the time of loss e.g., weather, constructions, cleaning. Use additional pages if necessary)			
Briefly Describe the Nature of the Injury:			
Was Medical Treatment Administered for the Injury:		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If Yes, What Individual or Organization Provided Medical Treatment:			
Is the Injured Party an Employee:		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If Yes, Has the Workers' Compensation Contact in HR Been Notified:		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Were There Any Witnesses to the Injury:		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If Yes, Provide Names, Addresses and Phone Numbers: (Please attach additional pages if necessary)			

Products and services are provided by one or more insurance company subsidiaries of W. R. Berkley Corporation. Not all products and services are available in every jurisdiction. Certain coverages may be provided through surplus lines insurance company subsidiaries of W. R. Berkley Corporation through licensed surplus lines brokers. Surplus lines insurers do not generally participate in state guaranty funds and insureds are therefore not protected by such funds. Berkley Life Sciences conducts business in California as Berkley LS Insurance Solutions, LLC, a licensed surplus lines broker (License Number 0H44165).

This material is provided to you for general informational purposes only. Coverage afforded under any insurance policy issued is subject to the individual terms and conditions of that policy as issued. Claims scenarios are hypothetical in nature and for illustrative purposes.

Maintaining safe operations and a safe facility in accordance with all laws is your responsibility. We make no representation or warranty, express or implied, that our activities or advice will place you in compliance with the law; that your premises or operations are safe; or that the information provided is complete, free from errors or timely. We are not liable for any direct, indirect, special, incidental or consequential damages resulting from the use or misuse of this information. You are not entitled to rely upon this information or any loss control activities provided by us and you may not delegate any of your legal responsibilities to us. All loss control activities are conducted solely for the purpose of, and in accordance with, our underwriting activities.



If the Loss is Structural in Nature or Involves Equipment, Include a List of the Items Damaged or Destroyed:

Cost New:	
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Estimate Replacement Cost:	
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Additional Comments:

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