

Policy No. Date of report Date of loss
 Certificate No. Church Name
 Name of person completing report Contact person
 Phone number Phone number

Complete for all Liability Incidents (i.e. slips and falls)

- Type of loss Bodily Injury Miscellaneous Liability (errors & omissions, directors & officers etc.)
 Property Damage Crime (inside/outside robbery, employee dishonesty etc.)

Name of Claimant: _____ Phone number: _____

Location of incident: inside outside sidewalk/steps parking lot cemetery other

Weather conditions: rain snow sleet icy/slippery hot/humid windy clear

Details of incident: _____

Time of day ____:____ AM PM

Was anyone injured? Yes No Were medical services provided? Yes No

NOTE: Do not make any statements or declarations accepting or admitting liability

Complete for all Property Losses (i.e. damage to buildings, contents, equipment, etc.)

- Type of loss: Fire Theft Water (specify type i.e. flood, sewer backup, plumbing etc.)
 Wind Vandalism Other (specify) _____
 Lightning Boiler/Machinery (accidental breakdown of air conditioning units, electrical panels etc.) _____

Location of incident _____

Description of incident _____

Estimated value of property damaged/lost/stolen \$ _____

Witnesses: Name: _____ Phone Number: _____
Name: _____ Phone Number: _____

Police Information:

Name of the investigating officer Occurrence number
 Badge number: Phone No.
 Division or Region

Additional details _____