



GENERAL LIABILITY INCIDENT/ACCIDENT REPORT INSTRUCTIONS

Complete this form for all incidents/accidents that you become aware of, even if a claim is not being presented at the time of the occurrence. Examples of when this form should be completed include, but are not limited to, the following:

- Student altercations.
- Incidents/accidents arising out of sporting events.
- Incidents/accidents arising out of shop, gym, swimming, chemistry, etc.
- Any incident involving physical restraint of a student by a school employee.
- Any incident/accident involving member's transportation services resulting in an injury to an individual, i.e, student entering, leaving or riding in the vehicle.
- Any incident/accident involving children crossing streets while approaching or leaving school grounds, including incidents when crossing guard is present.
- Any allegation by a student involving molestation, bullying or harassment by another student or employee.
- Any visitor/volunteer injury and contractor injuries.



School Insurance Specialists

GENERAL LIABILITY INCIDENT/ACCIDENT REPORT INSTRUCTIONS

GENERAL INFORMATION

MEMBER NAME _____ BUILDING NAME _____

DATE OF INCIDENT/ACCIDENT _____ TIME A.M. P.M.

NAME OF INJURED _____ SOCIAL SECURITY NUMBER _____

Is injured: STUDENT EMPLOYEE VISITOR VOLUNTEER CONTRACTOR CONTRACTED EMPLOYEE

DATE OF BIRTH _____ PARENT NAME _____

ADDRESS OF INJURED/PARENT _____

HOME PHONE OF INJURED/PARENT _____ OFFICE PHONE OF INJURED/PARENT _____

INSURANCE INFORMATION

Is the person covered by any other health care coverage (including coverage under parents/guardians plan)? YES NO

If no, sign here: _____

NAME OF HEALTH CARE COVERAGE/PLAN _____ MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

POLICY/CONTRACT NUMBER _____ GROUP NUMBER _____ GUARANTOR NAME _____

Location of accident: SCHOOL BLDG. SCHOOL GROUNDS SCHOOL BUS TO/FROM SCHOOL OTHER Describe: _____

Place of accident: CLASSROOM GYM SHOP HALLWAY/STAIRWAY PLAYGROUND
 PARKING LOT SPORTING EVENT/PRACTICE OTHER Describe: _____

Describe incident/accident: _____

WITNESS NAME _____ PHONE _____

NATURE OF INJURY _____

Was medical treatment sought? YES NO Where? _____

If hospital, was ambulance called? YES NO Ambulance company: _____

Additional remarks: _____

REPORT PREPARED BY _____ TITLE _____

PHONE _____ DATE _____