



School Insurance Specialists

GENERAL LIABILITY INCIDENT/ACCIDENT REPORT INSTRUCTIONS

GENERAL INFORMATION

MEMBER NAME	BUILDING NAME
DATE OF INCIDENT/ACCIDENT	TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
NAME OF INJURED	SOCIAL SECURITY NUMBER
Is injured: <input type="checkbox"/> STUDENT <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> VISITOR <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> 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
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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