



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 <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