

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 ☐ Professional Liability (Errors & Omissions, Directors & Officers Liability)
☐ Property Damage ☐ Crime (inside/outside robbery, employee dishonesty etc.)

Name of Claimant: _____ Phone number: _____

Location of incident: ☐ inside ☐ outside ☐ sidewalk/steps ☐ parking lot ☐ cemetery ☐ otherWeather conditions: ☐ rain ☐ snow ☐ sleet ☐ icy/slippery ☐ hot/humid ☐ windy ☐ clear

Details of incident: _____

Time of day ____:____ ☐ AM ☐ PMWas 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 _____