



School Insurance Specialists

## GENERAL LIABILITY INCIDENT/ACCIDENT REPORT INSTRUCTIONS

### GENERAL INFORMATION

MEMBER NAME \_\_\_\_\_ BUILDING NAME \_\_\_\_\_

○ A.M. ○ P.M.

DATE OF INCIDENT/ACCIDENT \_\_\_\_\_ TIME \_\_\_\_\_

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
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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