



School Insurance Specialists

GENERAL LIABILITY INCIDENT/ACCIDENT REPORT

Member Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Date of Incident/Accident: \_\_\_\_\_ Time: \_\_\_\_\_ a.m. p.m.

Name of Injured: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Is Injured: Student [ ] Employee [ ] Visitor [ ] Volunteer [ ]

Date of Birth: \_\_\_\_\_ Parent Name: \_\_\_\_\_

Address of Injured/Parent: \_\_\_\_\_

Telephone # of Injured/Parent: Home: \_\_\_\_\_ Work: \_\_\_\_\_

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: \_\_\_\_\_

Witnesses: Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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: \_\_\_\_\_

Please send completed form to pclaims@setseg.org or fax to 517.482.0800