



INSURANCE INCIDENT REPORT

If an incident occurs which you feel could lead to you being a defendant in a lawsuit or legal action could result, take time immediately after the occurrence to write down the details of the incident on this form. Because some incidents for which you may be held accountable may not take the form of a lawsuit or legal action for several months, you protect yourself by writing down the important facts of the incident on this form immediately after they occur. Use additional paper if necessary.

NAME OF ORGANIZATION _____

NAME OF INSURED _____

POLICYHOLDER _____ **POLICY NUMBER** _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE (home) _____ **(work)** _____

Other organization(s) involved with this incident _____

Date of Incident _____ **Time of Incident** _____

Incident Location _____

Names of those involved _____

Witnesses present (include address & phone number) _____

Describe Incident (use separate sheet if necessary) _____

Name & position of person completing this report _____

Signature _____ **Date** _____

****** MAKE A COPY OF THIS REPORT FOR YOUR RECORDS ******

Send original report to: JJ Farber Lottman Co., Inc.
ATTN: Claim Department
200 RT 5 * P.O. Box 613
OFFICE: 201.947.1600x188 FAX: 201-945-5997
Palisades Park, NJ 07650