

# PUBLIC OFFICIALS CLAIM/INCIDENT REPORT

Member (Include address and telephone number): \_\_\_\_\_

\_\_\_\_\_

Certificate No.: \_\_\_\_\_ Certificate Term: \_\_\_\_\_

Deductible: \_\_\_\_\_ Other Insurance? \_\_\_\_\_

If so, list carrier, policy number, and policy term: \_\_\_\_\_

\_\_\_\_\_

Potential Claimant (Include address and telephone number): \_\_\_\_\_

\_\_\_\_\_

Date of Incident: \_\_\_\_\_ Location of Incident: \_\_\_\_\_

Description of Incident: \_\_\_\_\_

\_\_\_\_\_

How and when were you first notified of the incident? \_\_\_\_\_

\_\_\_\_\_

List damages and amounts or injuries, along with the source that you received this information from:

\_\_\_\_\_

\_\_\_\_\_

Name of Director(s) or Officer(s) involved as well as how each was involved: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was there any other responsible party involved? \_\_\_\_\_ If so, explain who and why: \_\_\_\_\_

\_\_\_\_\_

Has the potential claimant made a claim against you? \_\_\_\_\_ If not, do you have any reason to believe that the potential claimant will pursue a claim in the future? \_\_\_\_\_

If so, why? \_\_\_\_\_

**Attach copies of all available documentation pertaining to this incident.**

Name of Contact Person: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Date: \_\_\_\_\_

E-Mail: \_\_\_\_\_

This form has been completed by:

Name (Please Print): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone No.: \_\_\_\_\_