



EverGuard Insurance Incident Report Form

INSTRUCTIONS: Please forward this form to your insurance broker immediately so that He or she can file the appropriate ACORD "Notice" form(s) with your insurance company along with a copy of this Incident Report Form.

****Photographs should also be taken (Preferably with a digital camera) at the time of any incident that occurs on the premises and should be attached to this form.**

Date of this report: _____ Company Name: _____

Contact Name: _____ Position: _____

Phone #: _____ E-Mail Address: _____

Date of incident? _____ Time of incident: _____ AM/PM

Do you own or lease the premises: _____

Brief description of the incident: _____

Was incident reported when it occurred: Y / N If so, by whom: _____

Was the incident captured on video? : Y / N ***If so, please retain a copy of it..*

Were any authorities notified? : Y / N If so, who and by whom? : _____

Specific location of incident:

Please circle:

Deck / Patio Dance Floor Elevated Platform or Stage Hallway
Landing (Inside or Outside) Parking Lot Ramp (Inside or Outside) Rest-room
Sidewalk / Walkway Speed bump / Wheel stop Stairway / Steps (Inside or Outside)

OTHER: _____

OTHER RESPONSIBLE PARTIES (Independent Security Guard Company, Landscaper, Property Owner, etc.):

Did another person or entity cause or contribute to the incident? Y / N

If so, please identify and provide their contact information and/or a copy of any contract that is in place.

Responsive. Reliable. Respected.



1. INJURED PARTY:

Name: _____ Phone #: _____

Address: _____ D.O.B. _____

Was the person removed from the premises by an ambulance or police? : _____

Type of injury:

Please circle:

Abrasion / Scratch Laceration / Cut Contusion / Bruise Fracture / Break

Sprain / Strain Other : _____

Part of body injured:

Please Circle:

Arm Back Chest Eye Face / Nose Foot / Toes / Ankle

Hand / Fingers / Wrist Head / Skull Knee Leg

Mouth / Teeth Neck Stomach

Other : _____

2. INJURED PARTY:

Name: _____ Phone #: _____

Address: _____ D.O.B. _____

Was the person removed from the premises by an ambulance or police? : _____

Type of injury:

Please circle:

Abrasion / Scratch Laceration / Cut Contusion / Bruise Fracture / Break

Sprain / Strain Other : _____

Part of body injured:

Please Circle:

Arm Back Chest Eye Face / Nose Foot / Toes / Ankle

Hand / Fingers / Wrist Head / Skull Knee Leg

Mouth / Teeth Neck Stomach

Other : _____

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