



FITNESS INSURANCE

Fitness Insurance, LLC- 10333 East Dry Creek Road, Suite 250 - Englewood, Colorado 80112
 Phone 800-881-7130 – www.fitnessinsurance.com - Fax 720-279-8321
 dba Fitness Insurance Agency in MI, TX, NY, NC and CA. CA License Number 0G00756.

HEALTH CLUB INCIDENT REPORT

(TO BE COMPLETED BY ACTING MANAGER)

TODAY'S DATE:	DATE OF INCIDENT:	TIME OF INCIDENT:	AM/PM
Name of Club:			
Address:			
Phone #:	Contact Person Name & Phone #:		
Name /Job Description of Person Completing this Form:			
ABOUT THE INJURED PERSON			
Name of Injured Person:		Age:	Sex: Male/Female
Address:		How long has this person been a member?	
Home Phone:	Work Phone:	Cell Phone:	
ABOUT THE INCIDENT			
Describe the incident in detail:			
Describe the possible injury (ie: cut, sprained ankle, broken bones):		List any type of treatment preformed at the club:	
Was 911 Called? <input type="checkbox"/> YES <input type="checkbox"/> NO Did they go to the hospital or see a doctor? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If treatment performed by a doctor please complete following (if known):			
Physician Name:		Hospital Name:	
Address:		Phone #:	
ABOUT THE EQUIPMENT INVOLVED			
Describe the type of equipment involved (Make/Model):		Was the maintenance department notified? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what corrective actions were taken?	
If applicable to the incident, make any comments concerning the use of the equipment at the time of the incident:			
ABOUT THE WITNESSES - IF ANY			
Were there any Witnesses? <input type="checkbox"/> YES <input type="checkbox"/> NO *If so, have each witness write a brief statement about what happened, include their name(s) , phone number(s), and attach to this form.			

MANAGER SIGNATURE: _____

ATTACH A COPY OF MEMBER'S CONTRACT & ANY OTHER APPLICABLE PAPERWORK FAX COMPLETED REPORT IMMEDIATELY TO 720-279-8321 OR EMAIL TO CLAIMS@FITNESSINSURANCE.COM