



# FITNESS INSURANCE

Fitness Insurance, LLC- 10333 East Dry Creek Road, Suite 250 - Englewood, Colorado 80112  
 Phone 800-881-7130 – [www.fitnessinsurance.com](http://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)

<b>TODAY'S DATE:</b>	<b>DATE OF INCIDENT:</b>	<b>TIME OF INCIDENT:</b>	<b>AM/PM</b>
Name of Club:			
Address:			
Phone #:		Contact Person Name & Phone #:	
Name /Job Description of Person Completing this Form:			
<b>ABOUT THE INJURED PERSON</b>			
Name of Injured Person:		Age:	Sex: Male/Female
Address:		How long has this person been a member?	
Home Phone:	Work Phone:	Cell Phone:	
<b>ABOUT THE INCIDENT</b>			
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 #:	
<b>ABOUT THE EQUIPMENT INVOLVED</b>			
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:			
<b>ABOUT THE WITNESSES - IF ANY</b>			
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](mailto:CLAIMS@FITNESSINSURANCE.COM)**