# Incident Report Form

**CLAIMS REPORTING PROCEDURE**

If you have a question concerning whether to report an incident or claim, call your broker or the AMS Insurance Services, Inc. Claims Department at 800-359-6422.

**NONPROFIT / INSURED** – Complete all items to the best of your ability, sign and date page 2, and immediately give it to your supervisor.

**Supervisor** – Fax this Incident Report Form to your insurance broker immediately.

**Important:** Retain any equipment or furniture which caused or contributed to an injury until it can be inspected by an insurance representative.

**BROKER** – Attach this Incident Report Form to a completed ACORD and fax it to the AMS Insurance Services, Inc. Claims Department at (877) 442-8153.

If a claim needs to be reported after business hours or on the weekend, call (866) 718-1947. This number is reserved for true claims emergencies after business hours and weekends.

## General Information

<table>
<thead>
<tr>
<th>Name of Nonprofit Organization</th>
<th>NIAC/ANI-RRG Policy Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Contact</td>
<td>Title</td>
</tr>
<tr>
<td>Nonprofit Address – Street</td>
<td>City</td>
</tr>
<tr>
<td></td>
<td>State</td>
</tr>
<tr>
<td></td>
<td>Zip</td>
</tr>
<tr>
<td>Business Phone #</td>
<td>Business Fax #</td>
</tr>
<tr>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>E-mail Address</td>
<td></td>
</tr>
</tbody>
</table>

## Incident Information

<table>
<thead>
<tr>
<th>Date of Incident</th>
<th>Day of Week (circle one)</th>
<th>Time of Incident</th>
<th>Did the incident occur on organization’s premises?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mon</td>
<td>Tue</td>
<td>Wed</td>
</tr>
<tr>
<td>Location of Incident</td>
<td>(if possible, take pictures of the area with a digital or disposable camera)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Description of Incident</td>
<td>(A brief factual account of the incident; include who was involved, how the incident occurred and what action is being taken in response to the incident. Use the back of the sheet if more space is needed.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Witness Information

<table>
<thead>
<tr>
<th>Name and Address</th>
<th>Daytime Phone</th>
<th>DOB</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Claimant Information

1. **Name of Injured Party**
   - **DOB**
   - **Employee**
   - **Client**
   - **Volunteer**
   - **Visitor**
   - **Other –**

   **Address – Street**
   - **City**
   - **State**
   - **Zip**

   **Home Phone # ( )**
   - **Business Phone # ( )**

### Observations of Nonprofit

- **Claimant's Attire/Description of Clothing (i.e., shorts, t-shirt)**
- **Type of Shoes**
- **Was Claimant carrying anything? (if yes, what)**
  - **No**
  - **Yes –**

- **Describe claimant's demeanor when making the report** (i.e., agitated, in obvious or no obvious pain, able to move around while describing what happened, etc.)

### Claimant Information

2. **Name of Injured Party**
   - **DOB**
   - **Employee**
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   - **Visitor**
   - **Other –**

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   - **City**
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**PRINT NAME OF INDIVIDUAL COMPLETING THE FORM**

**SIGNATURE**

**DATE**