

# Incident Report Form

**CLAIMS REPORTING PROCEDURE**

If you have a question concerning whether to report an incident or claim, call your broker.

**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** – Refer to our website for instructions on claim reporting.

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**

Name of Nonprofit Organization		ANI/NIAC Policy Number	
Name of Contact		Title	
Nonprofit Address – Street		City	State      Zip
Business Phone # (      )	Ext.	Business Fax # (      )	E-mail Address

**Incident Information**

Date of Incident	Day of Week (circle one) Mon   Tue   Wed   Thurs   Fri   Sat   Sun	Time of Incident AM / PM	Did the incident occur on organization's premises? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location of Incident (if possible, take pictures of the area with a digital or disposable camera)			
Description of Incident (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.)			

**Witness Information**

	Name and Address	Daytime Phone	Email Address	DOB
1.				
2.				



*Serving ...*



**Claimant Information**

1. Name of Injured Party	DOB	<input type="checkbox"/> Employee <input type="checkbox"/> Client <input type="checkbox"/> Volunteer <input type="checkbox"/> Visitor <input type="checkbox"/> Other -
Address – Street	City	State      Zip
Home Phone # (    )	Business Phone # (    )	Email Address
Description of Injury (nature and extent of; please be specific):		
Transported by Ambulance <input type="checkbox"/> Yes <input type="checkbox"/> No	Name and Phone # of Hospital or Doctor, if applicable	

**Observations of Nonprofit**

Claimant's Attire/Description of Clothing (i.e., shorts, t-shirt)	Type of Shoes	Was Claimant carrying anything? (if yes, what) <input type="checkbox"/> No <input type="checkbox"/> 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.)		

*(use the back of the form or attach an additional sheet of paper if needed)*

**Claimant Information**

2. Name of Injured Party	DOB	<input type="checkbox"/> Employee <input type="checkbox"/> Client <input type="checkbox"/> Volunteer <input type="checkbox"/> Visitor <input type="checkbox"/> Other -
Address – Street	City	State      Zip
Home Phone # (    )	Business Phone # (    )	Email Address
Description of Injury (nature and extent of; please be specific):		
Transported by Ambulance <input type="checkbox"/> Yes <input type="checkbox"/> No	Name and Phone # of Hospital or Doctor, if applicable	

**Observations of Nonprofit**

Claimant's Attire/Description of Clothing (i.e., shorts, t-shirt)	Type of Shoes	Was Claimant carrying anything? (if yes, what) <input type="checkbox"/> No <input type="checkbox"/> 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.)		

*(use the back of the form or attach an additional sheet of paper if needed)*

**PRINT NAME OF INDIVIDUAL COMPLETING THE FORM**

**SIGNATURE**

**DATE**

# Claims Reporting Procedure

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## REPORT CLAIMS IMMEDIATELY!

There is no negative impact on your policy for reporting an incident.  
When in doubt – report it!

If you have any questions concerning whether to report an incident or claim,  
call your broker.

## HOW DO YOU KNOW WHEN AN INCIDENT REQUIRES A CLAIM TO BE REPORTED?

1. There's been an accident
2. Someone has been hurt
3. Property has been damaged
4. You think someone ought to know "just in case"

## IF YOU NEED TO REPORT A CLAIM:

1. Complete the appropriate reporting form:
  - Driver Accident Report Form – motor vehicle accident
  - Incident Report Form – all other accidents

An original of these forms follows this page of your policy. Additional forms are available at our secure website: [www.insurancefornonprofits.org](http://www.insurancefornonprofits.org).

NOTE: Claims for North American Elite Property Insurance do not require a separate form. Your insurance broker will send us an ACORD claim form.

2. Tell your insurance broker to report the claim to the AMS Insurance Services, Inc. Claims Department by email at: [newclaims@insurancefornonprofits.org](mailto:newclaims@insurancefornonprofits.org)

## EMERGENCY SITUATIONS

If you need to report a claim during **non-business hours** and cannot reach your broker, call 1-866-718-1947. This number should **only** be used for true claims emergencies.