

## SPECIAL EVENT LIABILITY GROUP INSURANCE TRUST, RPG

### REPORT OF INJURY LOSS NOTICE

Complete form, keep one copy and send one copy to:	<b>HUB International Insurance Services, Inc.</b> 2300 Clayton Road, #300, Concord, CA 94520	Phone: (925) 609-6500 Fax: (925) 609-6550	
<b>Facility Owner:</b>			
<b>Event Holder/Member:</b>	Name: <input style="width: 80%;" type="text"/>		
	Address: <input style="width: 95%;" type="text"/>		
	Phone #: <input style="width: 40%;" type="text"/>	Coverage Certificate #: <input style="width: 40%;" type="text"/>	
<b>Place of Accident:</b>			
<b>Name of Facility, if applicable:</b>			
<b>Date and Time of Accident:</b>	Date: <input style="width: 40%;" type="text"/>	Time: <input style="width: 40%;" type="text"/>	
<b>Injured Person:</b>	Name: <input style="width: 80%;" type="text"/>		
	Address: <input style="width: 95%;" type="text"/>		
	Phone #: <input style="width: 30%;" type="text"/>	Approx. Age: <input style="width: 15%;" type="text"/>	SSN: <input style="width: 20%;" type="text"/>
<b>Damage to Property of Others:</b>	Name: <input style="width: 80%;" type="text"/>		
	Address: <input style="width: 95%;" type="text"/>		
	Phone #: <input style="width: 40%;" type="text"/>		
	Description of Damage: <input style="width: 80%;" type="text"/>		
<b>Description of Accident or Loss:</b>	Describe fully how accident or loss happened (use reverse, if needed).  Did any unsafe condition of premises cause accident? Describe.  Did any unsafe act of employee, volunteer or guest cause accident? If yes, describe:		
<b>Witness:</b>	Name: <input style="width: 80%;" type="text"/>		
	Address: <input style="width: 95%;" type="text"/>		
<b>Attachments:</b>	1. Contract between you & Event Holder 2. Certificate issued to the Event Holder 3. Photos		
	<b>Date of Notice:</b> <input style="width: 40%;" type="text"/>	By (Person Making Report): <input style="width: 50%;" type="text"/>	
		Daytime Phone #: <input style="width: 40%;" type="text"/>	