

SPECIAL EVENT LIABILITY GROUP INSURANCE TRUST, RPG

REPORT OF INJURY LOSS NOTICE

Complete form, keep one copy and send one copy to:	Diversified Risk Insurance Brokers Phone: (925) 609-6500 400 Taylor Blvd. Fax: (925) 609-6550 Pleasant Hill, CA 94523																
Facility Owner:																	
Event Holder/Member:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Name:</td> <td colspan="3"></td> </tr> <tr> <td>Address:</td> <td colspan="3"></td> </tr> <tr> <td>Phone #:</td> <td style="width: 30%;"></td> <td>Coverage Certificate #:</td> <td></td> </tr> </table>	Name:				Address:				Phone #:		Coverage Certificate #:					
Name:																	
Address:																	
Phone #:		Coverage Certificate #:															
Place of Accident:																	
Name of Facility, if applicable:																	
Date and Time of Accident:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Date:</td> <td style="width: 40%;"></td> <td style="width: 15%;">Time:</td> <td style="width: 30%;"></td> </tr> </table>	Date:		Time:													
Date:		Time:															
Injured Person:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Name:</td> <td colspan="3"></td> </tr> <tr> <td>Address:</td> <td colspan="3"></td> </tr> <tr> <td>Phone #:</td> <td style="width: 30%;"></td> <td>Approx. Age:</td> <td style="width: 10%;"></td> </tr> <tr> <td></td> <td></td> <td>SSN:</td> <td></td> </tr> </table>	Name:				Address:				Phone #:		Approx. Age:				SSN:	
Name:																	
Address:																	
Phone #:		Approx. Age:															
		SSN:															
Damage to Property of Others:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Name:</td> <td colspan="3"></td> </tr> <tr> <td>Address:</td> <td colspan="3"></td> </tr> <tr> <td>Phone #:</td> <td colspan="3"></td> </tr> <tr> <td>Description of Damage:</td> <td colspan="3"></td> </tr> </table>	Name:				Address:				Phone #:				Description of Damage:			
Name:																	
Address:																	
Phone #:																	
Description of Damage:																	
Description of Accident or Loss:	<p>Describe fully how accident or loss happened (use reverse, if needed).</p> <p>Did any unsafe condition of premises cause accident? Describe.</p> <p>Did any unsafe act of employee, volunteer or guest cause accident? If yes, describe:</p>																
Witness:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Name:</td> <td colspan="3"></td> </tr> <tr> <td>Address:</td> <td colspan="3"></td> </tr> <tr> <td>Phone #:</td> <td colspan="3"></td> </tr> </table>	Name:				Address:				Phone #:							
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Address:																	
Phone #:																	
Attachments:	<ol style="list-style-type: none"> 1. Contract between you & Event Holder 2. Certificate issued to the Event Holder 3. Photos 																
Date of Notice:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">By (Person Making Report):</td> <td colspan="3"></td> </tr> <tr> <td>Daytime Phone #:</td> <td colspan="3"></td> </tr> </table>	By (Person Making Report):				Daytime Phone #:											
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