



4300 Shawnee Mission Parkway, Fairway, KS 66205

913-432-4400 • 877-747-5449 • Fax 913-676-9364

Web Site: www.hwins.com

GENERAL LIABILITY ACCIDENT REPORT

DATE OF REPORT _____

INSURED

NAME AND ADDRESS	CONTACT PERSON:
	<small>FOR COMPANY USE ONLY</small>
	INS. CO.
	POLICY NO.
	TERM
PHONE NO.	LIMITS MED PAY <input type="checkbox"/> YES <input type="checkbox"/> NO

LOSS INFORMATION

DATE (MM/DD/YY) & TIME OF LOSS	PREVIOUSLY REPORTED	CITY & STATE:
	A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>	
	YES <input type="checkbox"/> NO <input type="checkbox"/>	LOCATION:

ACCIDENT DESCRIPTION:

BODILY INJURY? PROPERTY DAMAGE? DESCRIBE:

CONDITION OF GROUNDS/WEATHER A FACTOR? DESCRIBE:

PHOTOS TAKEN? YES NO

REPORTED TO POLICE? WHERE?

REPORTED TO FIRST AID? TAKEN TO DOCTOR OR HOSPITAL? WHERE?

3RD PARTY INVOLVED? WHO? HOW?

INJURED NAME	AGE	ADDRESS	PHONE NUMBER	PARENT	EXTENT OF INJURY

WITNESSES NAME	ADDRESS	PHONE NUMBER
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REPORTED BY	REPORTED TO	SIGNATURE OF PRODUCER OR INSURED

