



Liability Incident Report - Bodily Injury

INSURED	<p>Name _____ Phone # _____</p> <p>Address _____ Fax # _____</p> <p>_____ Email _____</p> <p>Policy # _____</p>
TIME AND PLACE OF INCIDENT	<p>Date _____ Time _____ a.m./p.m.</p> <p>Exact Place of Incident _____</p> <hr/> <p>When, and to whom was the incident reported? _____</p> <hr/>
PERSON INJURED	<p>Name _____ Phone # _____</p> <p>Address _____ Fax # _____</p> <p>_____ Email _____</p> <p>DOB _____ SS# _____</p> <p>Nature and extent of injuries _____</p> <hr/> <p>If medical aid was rendered, give name and address of doctor</p> <hr/> <hr/>

<p>FULL DESCRIPTION OF INCIDENT</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>WITNESSES</p>	<p>Whenever possible, please obtain names and addresses of witnesses, bystanders or individuals in the immediate vicinity who may have seen the accident or heard statements made by any of the people involved.</p> <p>Name _____ Phone # _____</p> <p>Address _____ Fax # _____</p> <p>_____ Email _____</p>
<p>INDIVIDUAL COMPLETING REPORT</p>	<p>Name _____ Phone # _____</p> <p>Address _____ Fax # _____</p> <p>_____ Email _____</p> <p>Relationship to Injured _____</p>
<p>DECLARATION</p>	<p>I/We declare that the information given in this form is true and complete to the best of my/our knowledge and belief.</p> <p>I/We further authorize any individual or entity holding any records (including any statements taken) or knowledge of me/us which is/are relevant to the settling of this claim and/or the Insurer's rights of recovery thereunder to furnish such records or knowledge to RiskCap or its authorized representatives. A photocopy of this authorization will be considered as effective and valid as the original.</p>

DATE _____ **SIGNATURE** _____

*Return FAX this Form to Beecher Carlson/GIC at
(888) 694-8585 • (877) 471-6176 Fax
1655 Lafayette St., Suite 200
Denver, Colorado 80218*