



INCIDENT REPORTING FORM

Incident Report # _____

Swim Club Name: _____ Date of Incident _____ Time _____

INCIDENT INFORMATION

Describe Location of Incident _____

Incident Description (stick to the facts) _____

Additional Facts _____

INJURED PARTY INFORMATION (Complete a separate form for each injured party)

___ Employee, ___ Guest, ___ Other (specify) _____ Injured ___ Yes ___ No ___ Age _____

Name _____

Address _____

Phone () _____ Work Phone () _____

Describe Injury _____

Was any additional assistance requested: (Yes/ No) Assistance requested from: Police ___ Fire ___ Medical/EMT, ___

Physician _____

What assistance was provided: _____ Was the injured sent to a hospital (Yes/ No) :

Which Hospital _____ How was injured transported to the hospital: _____

Did Injured party refuse first aid and or medical treatment Yes ___ No ___

WTNESS STATEMENT

Witness's name: _____

Address: _____ Email _____

Phone number () _____ Cell () _____

Signature: _____ Date: _____

INCIDENT REPORT COMPLETED BY

Name _____ Title _____

Signature _____ Date _____

Home Phone () _____

Additional Comments:

Fax this form immediately to Diana McGregor at the Swim Club Insurance Program 877-543-5098

WHAT TO DO WHEN AN ACCIDENT OCCURS:

- In case of severe injury, call for emergency medical assistance immediately. Render emergency treatment, as necessary, until help arrives.
- Be caring and helpful to anyone who suffers an injury at your swim club, no matter how minor the injury may appear. Offer comfort, assistance and medical treatment, if necessary. Stay with the injured person (s) until assistance arrives.
- Be polite and courteous with everyone you speak with regarding the incident.
- Do not be confrontational. Do not place blame or fault.
- Ask questions of the injured person(s) and witnesses to gain a full understanding of the incident. Find out who, what, when, where, why and how.
- Complete, sign and send an Incident Reporting Form.

INSTRUCTIONS FOR COMPLETING INCIDENT REPORTING FORMS

An incident reporting form should be completed, signed and sent **each and every time** an accident or injury occurs at your swim club. Even if you do not have sufficient information to complete this form, **do not wait**. Send the form with the information you do have regarding the incident, **as soon as possible**.

Not every incident turns into a claim, but each and every incident should be reported to us, even if you do not anticipate it to result in a claim. The first-hand information you provide in this form is critical to the investigation of a claim by your insurance company, if such an investigation becomes necessary. It also provides valuable insight into ways you can prevent the same type of accident from occurring in the future.

Please fax all incident-reporting forms to **Diana McGregor, Claims Manager, at 877-543-5098 or call 800-220-3434, ext. 31.**



PROPERTY DAMAGE REPORTING FORM

Swim Club Name: _____ Date of Incident: _____ Time: _____

Type of Loss: Fire Theft Lightening Hail
 Wind Vandalism Other _____

Incident Description: (Including name of building such as Snack Bar, Pool House, etc.)

Emergency Response:

Police Report Filed: yes no

Fire Department Response: yes no

Police Report Number: _____

Name of Fire Department: _____

Name of Police Department: _____

Phone Number: (____) _____

Phone Number: (____) _____

Other Parties Involved:

Name: _____

Insurance Company: _____

Address: _____

Policy Number: _____

City, St: _____

Claim Number: _____

Phone: _____

Additional Comments:

Estimated Damage Amount: \$ _____

Attach Photos

Report Completed By:

Name: _____ Title: _____

Signature: _____ Date: _____

Home Phone: (____) _____

Fax this form immediately to Diana McGregor at the Swim Club Insurance Program 877-543-5098