



INCIDENT NOTIFICATION FORM

NATURE: General Liability: Bodily Injury _____ Property Damage _____
Accident Medical _____ Other _____

NAME OF INJURED PARTY: _____

DATE OF INJURY: _____ LOCATION: _____

INJURED PARTY IS: Participant _____ Spectator _____ Coach _____ Official _____
Other _____

BODY PART: _____

CARE TAKEN:
On-Site Care Only _____ Ambulance/Other Transport _____ Fatality _____

SUMMARY OF INCIDENT (Situation/Exact Location/Time of Occurrence)

WITNESS:

Name: _____ Phone: _____

Address: _____

Named insured on policy: _____

Policy Number: _____

Mail form to: Summit America Insurance Services
PO Box 25936, Overland Park, KS 66225
or Fax to: 913-327-0201