



**LIABILITY INCIDENT NOTIFICATION FORM**

NATURE: Bodily Injury \_\_\_\_\_ Property Damage \_\_\_\_\_ 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: \_\_\_\_\_

Name of Camp/Clinic/Team League on policy: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Respondent (Other than claimant or parent): \_\_\_\_\_

Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

Mail form to: Summit America Insurance Services  
5001 College Blvd, Suite 216, Leawood, KS 66211  
or Fax to: 913-327-0201