

Incident Report General Liability

Parish/School Information					
Location Name:				Location #:	
Location Address:			Telephone:		
Contact Name:			Facsimile:		
NOTICE TO ADMINISTRATORS/SUPERVISORS: THIS REPORT MUST BE COMPLETED AND SUBMITTED TO THE RISK & INSURANCE MANAGEMENT DEPARTMENT WITHIN 24 HOURS OF ANY INCIDENT. ALL INCIDENTS MUST BE REPORTED IN WRITING. MAIL TO: 1150 NORTH FIRST STREET, SUITE 100, SAN JOSE, CA 95112 TELEPHONE: 408-983-0250 / FACSIMILE: 408-983-0271 . AND MAIL TO: MARY DEMAREST, ARTHUR J. GALLAGHER & CO., P.O. BOX 7443, SAN FRANCISCO, CA 94120. TELEPHONE: 415-536-8442 / FACSIMILE: 415-536-4036.					
Incident Information					
Accident – Non-Employee Vehicle Accident Burglary/Theft/Robbery Property Damage Fire Other					
Date of Incident:	Time of Incident:	Approximate Value of L	Loss: \$		
Location of Incident:					
Description of Incident:					
Name of Person Involved in Incident:			Telephone:		
Address of Person Involved in Incident:					
Description of Property Involved in Incident:					
Name of Witness to Incident:			Telephone:		
Address of Witness to Incident:					
Name of Witness to Incident:			Telephone	:	
Address of Witness to Incident:					
Attachments: Police Report List of Damaged/Lost Items Damaged/Lost Items			Replaced? 🗌 Yes I 🗌 No		
Report Authorization					
REPORT MUST BE COMPLETED IN ALL RESPECTS, SIGNED AND DATED TO AUTHORIZE THE FINDINGS.					
Report Completed By:			Date Completed:		
Position/Title:			Telephone:		
Risk & Insurance Management Use Only					
Report Received By:			Date Recei	ived:	