



Instructions for Incident Reporting

EverGuard Insurance Services is pleased to provide you with the attached Incident Reporting Form which is designed to help gather and retain relevant information quickly when you or one of your employees become aware of an accident or injury to one of your patrons. We have over 40 years of experience insuring restaurants, bars and taverns, which taught us the importance of being pro-active in gathering initial information quickly and documenting facts accurately before a claim may be filed against you.

Completing and submitting an Incident Reporting Form does not mean that a formal claim has been opened or filed against you. It does, however, allow your insurance company to determine if a more complete and thorough investigation is needed. This is especially important in cases where you and your employees feel that you have done nothing wrong. However, months or even years can pass between the actual incident and the time that a formal claim is made against you, and the insurance company may not be able to obtain key evidence that may have been available at the time of the incident. How you and your employees react immediately following an incident, regardless of fault, can make all of the difference.

Please follow the basic steps listed below any time you become aware of an injury or after a situation occurs that you believe could lead to a claim, regardless of fault:

1. Document all incidents that you become aware of, even if they do not occur on your premises, such as a traffic accident occurring after a patron has left your establishment, or a slip and fall in a public parking lot outside of your establishment.
2. Complete the Incident Reporting Form and submit to your insurance agent as soon as possible. This is also a requirement of your insurance policy.
3. Gather and preserve all relevant physical evidence, witness statements, video recordings and photographs.
4. Treat all injured or upset patrons with courtesy and respect, but never admit to wrongdoing for the incident, take responsibility or reveal unnecessary information.
5. Do not attempt to settle an injury or grievance with a direct cash payment. This often encourages litigation and suggests guilt on your part. It is also in direct violation of the insurance policy without the insurance company's consent.
6. If a serious injury occurs in the evening, over the weekend, or on a holiday, and you are unable to reach your insurance agent for any reason, you can receive 24 hour emergency assistance at claimsfax@firstmercury.com. Please have your policy number available when you write.

Our primary objective is to protect you, our insured, but we need your cooperation. Understanding the importance of timely and thoroughly documenting all incidents, however trivial they may seem at the time, is critical to saving you time and money should a formal claim be presented at a later date.

We thank you for your business and look forward to being of continued service in the future.

Sincerely,

The EverGuard Team

Responsive. Reliable. Respected.

1900 West Nickerson Street Suite 300 Seattle, Washington 98119
tel. 800.326.8514 fax. 206.352.3281 www.EverGuardIns.com



EverGuard Insurance Incident Report Form

INSTRUCTIONS: Please forward this form to your insurance broker immediately so that he or she can file the appropriate ACORD "Notice" form(s) with your insurance company along with a copy of this Incident Report Form.

****Photographs should also be taken (Preferably with a digital camera) at the time of any incident that occurs on the premises and should be attached to this form.**

Date of this report: _____ Company Name: _____

Contact Name: _____ Position: _____

Phone #: _____ E-Mail Address: _____

Date of incident? _____ Time of incident: _____ AM/PM

Do you own or lease the premises?: _____

Brief description of the incident: _____

Was incident reported when it occurred?: Y / N If so, by whom: _____

Was the incident captured on video? : Y / N ****If so, please retain a copy of it..**

Were any authorities notified? : Y / N If so, who and by whom? : _____

Specific location of incident:

Please circle:

| | | | |
|-----------------------------|-------------------------|--------------------------------------|-----------|
| Deck / Patio | Dance Floor | Elevated Platform or Stage | Hallway |
| Landing (Inside or Outside) | Parking Lot | Ramp (Inside or Outside) | Rest-room |
| Sidewalk / Walkway | Speed bump / Wheel stop | Stairway / Steps (Inside or Outside) | |

OTHER: _____

OTHER RESPONSIBLE PARTIES (Ind. Security Guard Company, Landscaper, Property Owner, etc.):

Did another person or entity cause or contribute to the incident? Y / N

If so, please identify and provide their contact information and/or a copy of any contract that is in place.

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1. INJURED PARTY:

Name: _____ Phone #: _____

Address: _____ D.O.B. _____

Was the person removed from the premises by an ambulance or police? : _____

Type of injury:

Please circle:

Abrasion / Scratch

Laceration / Cut

Contusion / Bruise

Fracture / Break

Sprain / Strain

Other : _____

Part of body injured:

Please Circle:

Arm

Back

Chest

Eye

Face / Nose

Foot / Toes / Ankle

Hand / Fingers / Wrist

Head / Skull

Knee

Leg

Mouth / Teeth

Neck

Stomach

Other : _____

2. INJURED PARTY:

Name: _____ Phone #: _____

Address: _____ D.O.B. _____

Was the person removed from the premises by an ambulance or police? : _____

Type of injury:

Please circle:

Abrasion / Scratch

Laceration / Cut

Contusion / Bruise

Fracture / Break

Sprain / Strain

Other : _____

Part of body injured:

Please Circle:

Arm

Back

Chest

Eye

Face / Nose

Foot / Toes / Ankle

Hand / Fingers / Wrist

Head / Skull

Knee

Leg

Mouth / Teeth

Neck

Stomach

Other : _____

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1. **WITNESSES:**

Name, address and phone #: _____

2. **WITNESSES:**

Name, address and phone #: _____

3. **WITNESSES:**

Name, address and phone #: _____

RECEIPT OF CORRESPONDENCE:

Did you receive any type of correspondence from the injured party or an attorney? Y / N

If so, when and how did they come to you? _____
(If so, please attach a copy to this form).

Did you receive lawsuit papers? Y / N

If so, when and how did they come to you? _____
(If so, attach a copy to this form)

ADDITIONAL COMMENTS:

Signature of person completing this form: _____ Date: _____

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