



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.

Responsive. Reliable. Respected.

1900 West Nickerson Street Suite 300 Seattle, Washington 98119

tel. 800.326.8514 fax. 206.352.3281 www.EverGuardIns.com



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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