

Incident Report Form

Claims Reporting Procedure

If you have a question concerning whether to report an incident or claim, call your broker.

Nonprofit / Insured:

Complete all items to the best of your ability, sign and date page 2, and immediately send this incident report form to newclaims@insurancefornonprofits.org

Broker:

Please submit Incident Report with Loss ACORD to newclaims@insurancefornonprofits.org.

If a claim needs to be reported after business hours or on the weekend, call (866) 718-1947. This number is reserved for true claims emergencies after business hours and weekends.

General Information

Name of Nonprofit Organization		ANI/NIAC Policy Number	
Name of Contact		Title	
Nonprofit Address – Street		City	State Zip
Business Phone # Ext ()	Business Fax # ()	Email Address	

Incident Information

Date of Incident	Day of Week (pick one)	Time of Incident AM PM	Did the incident occur on organization's premises? Yes No
Location of Incident (if possible, take pictures of the area with a digital or disposable camera)			
Description of Incident (A brief factual account of the incident; include who was involved, how the incident occurred and what action is being taken in response to the incident. Use the back of the sheet if more space is needed.)			
.....			
.....			
.....			
.....			

Witness Information

Witness #1 Name (first and last)	Address	
Email Address	Telephone No. ()	Date of Birth
Witness #2 Name (first and last)	Address	
Email Address	Telephone No. ()	Date of Birth



Our Organizations:
 Alliance of Nonprofits for Insurance, RRG (ANI)
 Nonprofits Insurance Alliance of California (NIAC)
 National Alliance of Nonprofits for Insurance (NANI)
 Alliance Member Services (AMS)

Claimant Information

1. Name of Injured Party		Date of Birth	Employee	Client	Volunteer	Visitor
			Other –			
Nonprofit Address – Street			City		State	Zip
Home Phone # ()	Business Phone # ()	Email Address				
Description of Injury (nature and extent of; please be specific):						
Transported by Ambulance Yes No		Name and Phone # of Hospital or Doctor, if applicable				

Observations of Nonprofit

Claimant's Attire/Description of Clothing (i.e., shorts, t-shirt)	Type of Shoes	Was Claimant carrying anything? (if yes, what) No Yes –
Describe claimant's demeanor when making the report (i.e., agitated, in obvious or no obvious pain, able to move around while describing what happened, etc.) <i>(Use the back of the form or attach an additional sheet of paper if needed)</i>		

Claimant Information

2. Name of Injured Party		Date of Birth	Employee	Client	Volunteer	Visitor
			Other –			
Nonprofit Address – Street			City		State	Zip
Home Phone # ()	Business Phone # ()	Email Address				
Description of Injury (nature and extent of; please be specific):						
Transported by Ambulance Yes No		Name and Phone # of Hospital or Doctor, if applicable				

Observations of Nonprofit

Claimant's Attire/Description of Clothing (i.e., shorts, t-shirt)	Type of Shoes	Was Claimant carrying anything? (if yes, what) No Yes –
Describe claimant's demeanor when making the report (i.e., agitated, in obvious or no obvious pain, able to move around while describing what happened, etc.) <i>(Use the back of the form or attach an additional sheet of paper if needed)</i>		

Print name of individual completing the form

Signature

Date