Incident Reporting Form

Aon

| Policy No.                             | 13017 CH (R12)         | Date of report            |   |               | Date of loss                     |             |       |        |
|--|------------------------|---------------------------|---|---------------|----------------------------------|-------------|-------|--------|
| Certificate No.                        |                        | Church Name               |   |               |                                  |             |       |        |
| Name of person completing report       |                        |                           | Conta   | ct person     |                                  |             |       |        |
| Phone number                           |                        |                           | Phone number  |               |                                  |             |       |        |
|  |                        |                           | _   |               |                                  |             |       |        |
| Complete for al                        | Liability              | Incident                  | <b>tS</b> (e.g. slips an  | d falls)      |                                  |             |       |        |
| Type of loss                           | Bodily Injury          |                           | Miscellaneous Liability (errors & omissions, directors & officers etc.) |               |                                  |             |       |        |
|  | Property Damage        |                           | Crime (inside/outside robbery, employee dishonesty etc.)                |               |                                  |             |       |        |
| Name of Claimant:                      |                        |                           | Dh  | one number:   |                                  |             |       |        |
| Location of incident:                  | inside outsi           | de 🗌 sidewalk/s           | teps  | cemetery      |                                  |             |       |        |
| Weather conditions:                    | 🗌 rain 🛛 🗌 sno         | ow 🗌 sleet                | icy/slippery  | hot/humid     | windy                            | □clear      |       |        |
| Details of incident:                   |                        | _                         | _ ,,  | _             | _ ,                              | _           |       |        |
|  |                        |                           |   |               | Time of day                      | :           | DAM   | □РМ    |
| Was anyone injured?                    | Yes                    | No                        | Were medical servi  | ces provided? | Yes                              | No          |       |        |
| NOTE.                                  | Do not make ar         | w statement               | e er declaratio   | na agaantin   | a or odmi                        | tting lighi | 1:4.7 |        |
| Complete for al                        |                        |                           | (i.e. damage to   | _             | ntents, equip<br>r (specify type |             |       | ,<br>, |
|  |                        | plumbing etc.)            |   |               |                                  |             |       |        |
|  |                        | Vandalism Other (specify) |   |               |                                  |             |       |        |
| 🗌 Lig                                  |                        | 2.                        | cidental breakdown of<br>ectrical panels etc.)                          | air           |                                  |             |       |        |
| Location of incid                      | ent                    |                           |   |               |                                  |             |       |        |
| Description of incid                   | ent                    |                           |   |               |                                  |             |       |        |
| Estimated value of prop                | erty damaged/lost/stol | en \$                     |   |               |                                  |             |       |        |
|  |                        |                           |   |               |                                  |             |       |        |
| Witnesses                              | Name:                  |                           | Phone Number:   |               |                                  |             |       |        |
| Name:                                  |                        |                           | Phone Number:   |               |                                  |             |       |        |
| Police Info                            | rmation:               |                           |   |               |                                  |             |       |        |
| Name of the                            |                        |                           | Occurro   | a number      |                                  |             |       |        |
| investigating officer<br>Badge number: |                        |                           |   | nce number    |                                  |             |       |        |
|  |                        |                           |   | Phone No.     |                                  |             |       |        |
| Additional details                     |                        |                           |   |               |                                  |             |       |        |