

## Notice of Injury

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| <b>Organization</b>                 | Name: _____<br>Address: _____  |
| <b>Time and Place of Injury</b>     | Date of Injury: _____ Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM<br>Where did the injury occur? _____   |
| <b>Person Injured</b>               | Name: _____ Age: _____<br>Address: _____ Telephone: _____<br>Name of parents/guardians (if a minor): _____<br>Employer: _____<br>Injuries sustained: _____<br>Where was injured taken? (hospital/doctor): _____<br>Relationship to organization: <input type="checkbox"/> Member <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Employee<br><input type="checkbox"/> Student/Camper <input type="checkbox"/> Tenant/Resident <input type="checkbox"/> Other<br>If injury occurred on insured's premises, for what purpose was the injured on the premises? _____<br>Who was responsible for supervision at the time of injury? _____<br>If injury occurred elsewhere, what connection did it have with the insured's operations or activities? _____<br>Does the injured party have personal medical insurance that could apply? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Name of medical insurance company: _____<br>_____ |
| <b>Full Description of Incident</b> | _____<br>_____<br>_____<br>_____   |
| <b>Witnesses</b>                    | Name: _____ Telephone: _____<br>Address: _____<br>Name: _____ Telephone: _____<br>Address: _____   |

Signature: \_\_\_\_\_ Date of report: \_\_\_\_\_

*This is a sample document only. Your organization is responsible for compliance with all applicable laws. Accordingly, this form should not be used or adopted by your organization without first being reviewed and approved by an attorney. Brotherhood Mutual Insurance Company assumes no liability in the preparation and distribution of this sample form.*