

General Liability Incident Report

Please submit to The Flanders Group

Phone: (800) 462-6435 or Fax: (585) 381-3565



**THE
FLANDERS
GROUP**

A PRIDE OF INSURANCE EXPERTS

Insured: _____ Date of Incident: ___/___/___ Time: _____ am or pm

Address of Incident: _____ City: _____

Description of Incident: _____

WHERE DID ACCIDENT OCCUR?

- | | | | |
|-------------------------------------|--------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Door | <input type="checkbox"/> Stairway | <input type="checkbox"/> Walkway/Aisle | <input type="checkbox"/> Ramp |
| <input type="checkbox"/> Tile Floor | <input type="checkbox"/> Sidewalk | <input type="checkbox"/> Rug/Carpet | <input type="checkbox"/> Loading Dock |
| <input type="checkbox"/> Lobby | <input type="checkbox"/> Parking Lot | <input type="checkbox"/> Equipment | <input type="checkbox"/> Other |

Describe other: _____

TYPE OF INJURY . . .

- | | | | |
|--------------------------------------|--------------------------------------|---|--|
| <input type="checkbox"/> Slip & Fall | <input type="checkbox"/> Trip & Fall | <input type="checkbox"/> Struck or Injured By | <input type="checkbox"/> Cut, Punctured, Scraped |
|--------------------------------------|--------------------------------------|---|--|

Other: _____

Medical Care provided by: _____

. . . OR, TYPE OF PROPERTY DAMAGED

- | | | | |
|--|--|---|--------------------------------|
| <input type="checkbox"/> Commercial Building | <input type="checkbox"/> Home | <input type="checkbox"/> Deck | <input type="checkbox"/> Sign |
| <input type="checkbox"/> Auto (not your own) | <input type="checkbox"/> Boat (not your own) | <input type="checkbox"/> Utility Service Pole/Box | <input type="checkbox"/> Other |

Describe other: _____

WHAT SURFACE CONDITIONS MAY HAVE EXISTED ?

- | | | | | |
|------------------------------|-------------------------------|-----------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Dry | <input type="checkbox"/> Ice | <input type="checkbox"/> Slippery | <input type="checkbox"/> Rough | <input type="checkbox"/> Cracked / Broken / Uneven / Raised |
| <input type="checkbox"/> Wet | <input type="checkbox"/> Snow | <input type="checkbox"/> Moving | <input type="checkbox"/> Stationary | <input type="checkbox"/> Other |

Describe other: _____

Name of Injured Person or Owner of Damaged Property: _____

Address: _____

Phone: _____ 2nd Phone: _____ Other Contact Info: _____

Prepared By: _____ Phone: _____ Date: _____

** With regards to this incident, who should be the "contact person" within your Company ?

Name: _____ Phone: _____ 2nd Phone: _____

E-Mail: _____