

BROWNYARD

CLAIMS MANAGEMENT, INC.

21 Maple Avenue • PO Box 9175 • Bay Shore, NY 11706-9175
Call Toll Free (800) 645-5820 • in NY (631) 666-5050 • Fax: 631-665-8086 • <http://www.brownyard.com>

CLAIM / INCIDENT REPORT FORM

(Use this form to report a claim against your company or an employee arising out of the operation of your business.)

1. Company Name: _____ Contact: _____
2. Address: _____
NO. STREET CITY STATE ZIP
3. Phone No.: _____ Fax No.: _____ Email Address: _____
4. Date, time, place of incident: _____
DATE TIME PLACE OF INCIDENT
5. Brief description of incident: _____
6. Did anyone prepare a report/statement concerning incident? Yes No *(If so, please attach copy)*
7. Name & address of any witness: _____
8. Date first learned of incident: _____ What source? _____
9. Name & address of claimant/injured party: _____
10. Did you receive correspondence from claimant or an attorney? Yes No *(If so, please attach copy)*
11. Did you receive legal suit papers? Yes No *(If so, when and how did they come to you?)*
(Attach the originals to this form)
12. Date of this report: _____ By: _____
Print Name and Position: _____
NAME POSITION

INSTRUCTIONS: Please give this form to your insurance broker immediately. He or she must file the appropriate standard ACORD "Notice" form(s) with Brownyard Claims Management, Inc. with the original copy of this **Claim/Incident Report Form**.

(copy this form for future claims)