



# IPARKS GENERAL LIABILITY CLAIM/INCIDENT REPORT

Member (Include address and telephone number): \_\_\_\_\_  
\_\_\_\_\_

Certificate No.: \_\_\_\_\_ Certificate Term: \_\_\_\_\_

Deductible: \_\_\_\_\_ Other Insurance? \_\_\_\_\_

If so, list carrier, policy number, and policy term: \_\_\_\_\_  
\_\_\_\_\_

Potential Claimant (Include address and telephone number): \_\_\_\_\_  
\_\_\_\_\_

Date of Incident: \_\_\_\_\_ Location of Incident: \_\_\_\_\_

Description of Incident: \_\_\_\_\_  
\_\_\_\_\_

How and when were you first notified of the incident? \_\_\_\_\_  
\_\_\_\_\_

Were there any other third parties involved? \_\_\_\_\_ If so, explain who and why:  
\_\_\_\_\_  
\_\_\_\_\_

List damages and amounts or injuries, along with the source that you received this information from:  
\_\_\_\_\_  
\_\_\_\_\_

Has the potential claimant made a claim against you? \_\_\_\_\_ If no; do you have any reason to believe that the potential claimant will pursue a claim in the near future? \_\_\_\_\_

If so, why? \_\_\_\_\_  
\_\_\_\_\_

Were the police or fire departments called? \_\_\_\_\_ If so, attach a copy of the report(s), if available.

List the names, addresses, and telephone numbers of all witnesses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Member Contact Person: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Date: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

This form has been completed by:

Name (Please Print): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_