



IPARKS PUBLIC OFFICIALS 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? _____

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

Name of Director(s) or Officer(s) involved as well as how each was involved: _____

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

Has the potential claimant made a claim against you? _____ If not, do you have any reason to believe that the potential claimant will pursue a claim in the future? _____

If so, why? _____

Attach copies of all available documentation pertaining to this incident.

Name of Member Contact Person: _____

Telephone No.: _____

Date: _____

E-Mail: _____

This form has been completed by:

Name (Please Print): _____

Address: _____

Telephone No.: _____