



SPORTS & RECREATION INSURANCE

INCIDENT REPORT

Please complete report immediately and forward after an incident has occurred.

Date of Incident	Day/ Month/Year
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OPERATOR	Company Name		
	Activity	Business	
	Address	Mobile	
		Fax	
		Email	
Person completing Report		Date report completed	Day/Month/Year

INJURED PARTY	Name			Male <input type="checkbox"/>	Female <input type="checkbox"/>
	Address			Business	
				Mobile	
	Date of Birth	Day/Month/Year	Age	Residence	

INCIDENT	Objective description of incident
	Attach additional page if needed

**INJURY
FIRST AID**

Injury, Signs and Symptoms	Treatment

WITNESS

Name	Business	
Address	Residence	
	Mobile	

Name	Business	
Address	Residence	
	Mobile	

**INCIDENT
INVESTIGATION**

<input type="checkbox"/> Witness statements <input type="checkbox"/> Photographs of incident site <input type="checkbox"/> Diagram of incident site <input type="checkbox"/> Notify police – serious injury or fatality <input type="checkbox"/> Ambulance summoned Attach Waiver Lesson/Rental agreement Police Report # Police Department Address	PLEASE EMAIL TO: brandi@fairwayunderwriters.com
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