



## Liability Incident Report - Bodily Injury

<b>INSURED</b>	<b>Name</b> _____ <b>Phone #</b> _____ <b>Address</b> _____ <b>Fax #</b> _____ _____ <b>Email</b> _____ <b>Policy #</b> _____ _____
<b>TIME AND PLACE OF INCIDENT</b>	<b>Date</b> _____ <b>Time</b> _____ a.m./p.m. <b>Exact Place of Incident</b> _____ _____ <b>When, and to whom was the incident reported?</b> _____ _____ _____
<b>PERSON INJURED</b>	<b>Name</b> _____ <b>Phone #</b> _____ <b>Address</b> _____ <b>Fax #</b> _____ _____ <b>Email</b> _____ <b>DOB</b> _____ <b>SS#</b> _____ <b>Nature and extent of injuries</b> _____ _____ _____ <b>If medical aid was rendered, give name and address of doctor</b> _____ _____ _____

<b>FULL DESCRIPTION OF INCIDENT</b>				
<b>WITNESSES</b>	Whenever possible, please obtain names and addresses of witnesses, bystanders or individuals in the immediate vicinity who may have seen the accident or heard statements made by any of the people involved.			
	<b>Name</b>	_____	<b>Phone #</b>	_____
	<b>Address</b>	_____	<b>Fax #</b>	_____
		_____	<b>Email</b>	_____
<b>INDIVIDUAL COMPLETING REPORT</b>	<b>Name</b>	_____	<b>Phone #</b>	_____
	<b>Address</b>	_____	<b>Fax #</b>	_____
		_____	<b>Email</b>	_____
	<b>Relationship to Injured</b>	_____		
<b>DECLARATION</b>	I/We declare that the information given in this form is true and complete to the best of my/our knowledge and belief.			
	I/We further authorize any individual or entity holding any records (including any statements taken) or knowledge of me/us which is/are relevant to the settling of this claim and/or the Insurer's rights of recovery thereunder to furnish such records or knowledge to RiskCap or its authorized representatives. A photocopy of this authorization will be considered as effective and valid as the original.			

**DATE** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_

*Return FAX this Form to Beecher Carlson/GIC at  
(888) 694-8585 • (877) 471-6176 Fax  
1655 Lafayette St., Suite 200  
Denver, Colorado 80218*