



Relation Insurance Services
 P.O. Box 25936
 Overland Park, KS 66225
 p: (800) 955-1991
 f: (913) 327-0201

INCIDENT NOTIFICATION FORM

NATURE: GENERAL LIABILITY: <input type="checkbox"/> BODILY INJURY <input type="checkbox"/> PROPERTY DAMAGE	
<input type="checkbox"/> ACCIDENTAL MEDICAL <input type="checkbox"/> OTHER _____	
SCHOOL/ORGANIZATION	
NAME OF INJURED PARTY	
U.S. MAILING ADDRESS	
DATE OF INJURY (MM/DD/YY) / /	LOCATION
INJURED PARTY IS: <input type="checkbox"/> PARTICIPANT <input type="checkbox"/> SPECTATOR <input type="checkbox"/> COACH <input type="checkbox"/> OFFICIAL <input type="checkbox"/> OTHER _____	
BODY PART	
CARE TAKEN: <input type="checkbox"/> ON-SITE CARE ONLY <input type="checkbox"/> AMBULANCE/OTHER TRANSPORT <input type="checkbox"/> FATALITY	
SUMMARY OF INCIDENT (SITUATION/EXACT LOCATION/TIME OF OCCURRENCE)	

WITNESS:

NAME	PHONE
ADDRESS	
NAME INSURED ON POLICY	POLICY NUMBER

YOU CAN SUBMIT YOUR COMPLETED FORM BY MAIL, E-MAIL OR FAX USING THE INFORMATION BELOW.



Mail
 Relation Insurance Services | P.O. Box 25936 | Overland Park, KS 66225



E-Mail
programs@relationinsurance.com



Fax
 (913) 327-0201