

Producer: _____

Policy No.: _____



ATTN: CLAIMS DEPARTMENT
20595 Lorain Road
Fairview Park, OH 44126
Phone: (440) 333-6300
Fax: (440) 333-3214

LIABILITY ACCIDENT REPORT

1. Insured

Name: _____ Cell Phone _____ Business Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Email: _____ Contact Person: _____ Contact Phone: _____

2. Accident (Time, Place, & Description)

Date & Time of Accident (mm/dd/yyyy): _____ A.M. P.M.

Location of Accident (City & State): _____

Name of Ride: _____ Ride Operator Name: _____

Description of Accident: _____

Police Dept. Reported to (include Name and Badge Number of Officer): _____

3. Injured Person

Name: _____ Age: _____ Married Single

Address: _____ Res. Phone: _____ Bus. Phone: _____

If Minor, Give Parent's Names: _____

Employed by (or School Attended): _____

4. The Injury

Describe Injury (Location on Body, Size of Wound, Bleeding, Loss of Consciousness, etc.): _____

Where was Injured Taken After the Accident? _____

Treatment Rendered? _____ Did Injured Person Return to Event After Accident? Yes No

5. Property Damage

Owner: _____ Address: _____

Res. Phone: _____ Bus. Phone: _____

List Damage: _____ Estimated Cost of Repairs: _____

6. Witnesses

Name: _____ Address: _____

Res. Phone: _____ Bus. Phone: _____

7. Comments or Statements of Injured Party

Statement Heard By: _____ Address: _____ Phone: _____

Report Submitted by: Name: _____ Date: _____ Position: _____

IN CASE OF ACCIDENT!

1. Remain calm.
2. Fill out this form.
3. Fax or mail to this address.
4. Serious injuries or death should be phoned in immediately.
5. DO NOT ADMIT FAULT. Do not discuss with anyone except police.

*** ALL ACCIDENTS MUST BE REPORTED.***