

BROWNYARD

CLAIMS MANAGEMENT, INC.

21 Maple Avenue • PO Box 9175 • Bay Shore, NY 11706-9175

Call Toll Free (800) 645-5820 • in NY (631) 666-5050 • Fax: 631-665-8086 • <http://www.brownyard.com>

CLAIM / INCIDENT REPORT FORM

(Use this form to report a claim against your company or an employee arising out of the operation of your business.)

1. Company Name: _____ Contact: _____
2. Address: _____
NO. STREET CITY STATE ZIP
3. Phone No.: _____ Mobile No.: _____ Fax No.: _____
4. Policy No.: _____ Email Address: _____
5. Date, time, place of incident: _____
DATE TIME PLACE OF INCIDENT
6. Brief description of incident: _____

7. Did anyone prepare a report/statement concerning incident? Yes No *(If so, please attach copy)*
8. Name & address of any witness: _____

9. Date first learned of incident: _____ What source? _____
10. Name & address of claimant/injured party: _____

11. Did you receive correspondence from claimant or an attorney? Yes No *(If so, please attach copy)*
12. Did you receive legal suit papers? Yes No *(If so, when and how did they come to you?)* _____
_____ *(Attach the originals to this form)*

Reported By: _____
NAME PRINT NAME

POSITION DATE

INSTRUCTIONS: Please give this form to your insurance broker immediately. He/She must file the appropriate standard ACORD "Notice" form(s) with Brownyard Claims Management, Inc. with the original copy of this **Claim/Incident Report Form.**