

21 Maple Avenue • Bay Shore, NY 11706
Call: (631) 666-5050 • Email: info@brownyard.com • https://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:	Mobile:		Fax:	
4.	Policy #:		Email Address:		
5.	Date, time, place of incide	ent:			
6.	Brief description of incide	<i>DATE</i> nt:	TIME	PLACE OF IN	
7.	Did anyone prepare a report/statement concerning incident?				
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 yes, please attach copy)				
12.	Did you receive legal suit		_		
(If	yes, when and how did the	-			to this form)
Dem	ated Day				
керо	rted By:	SIGNATURE		PRINT NAME	
		POSITION		DATE	

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