



**INCIDENT REPORT**  
**PLEASE FAX TO: 508-836-4940**

INSURED/AGENCY INFORMATION:

INSURED NAME/ADDRESS: \_\_\_\_\_ AGENCY NAME: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ INSURED POLICY NO: \_\_\_\_\_  
\_\_\_\_\_

INSURED CONTACT NAME: \_\_\_\_\_  
CONTACT TELEPHONE NO.: \_\_\_\_\_

INCIDENT LOSS INFORMATION:

CLAIMANT NAME: \_\_\_\_\_  
DATE OF INCIDENT/LOSS: \_\_\_\_\_  
CLAIMANT REPRESENTATION: Y / N  
NAME/ADDRESS OF REPRESENTATION: \_\_\_\_\_  
\_\_\_\_\_

TYPE OF INCIDENT:     Liquor Liability             Assault & Battery             General Liability

DESCRIPTION OF CLAIM: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ALLEGED INJURY SUSTAINED: \_\_\_\_\_  
\_\_\_\_\_

WITNESS TO INCIDENT/ACCIDENT: Y / N

NAMES/ADDRESSES/PHONE NOS.:  
\_\_\_\_\_  
\_\_\_\_\_

*For more information on reporting a claim you may directly contact Dana Marchant.  
Email: [dmarchant@hospitality-mutual.com](mailto:dmarchant@hospitality-mutual.com)  
Toll free: 877-366-1140 –or- 508-366-1140, ext. 13*

SUBMITTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_