**Thomas Alexander Insurance Agency & Associates Inc.**

**Notice of Injury**

**Organization**

**Time and Place**

**of Injury**

**Person Injured**

**Full Descrition**

**of Incident**

**Witnesses**

Name:

Address:

Date of Injury:

Time:

 AM

 PM

Where did the injury occur?

Name:

T

elephone:

Address:

Name:

T

elephone:

Address:

Signature:

 D

ate of Report:

Name:

Ag

e:

Address:

T

elephone:

Name of parents/guardians (if a minor):

Employer:

Injuries sustained:

Where was the injured taken?

Relationship to organization:

 Member

 Visitor

 Volunteer

 Employee

 Student/Camper

 Tenant/Resident

 Other

If injury oc

curred on insured’s premises, for what purpose was the injured on the premises?

Who was responsible for supervision at the time of the injury?

If injury occurred elsewhere, what connection did it have with the insured’s operations or

activities?

Does the injured party have personal medical insurance that could apply?

 Yes

 No

Name of medical insurance company:

Hospital/Doctor