

REPORT OF ACCIDENT - GENERAL LIABILITY ACCIDENT

Please fill out and return promptly to Northwest Insurance Group, Inc., 3301 NE Cornell Road, Suite R, Hillsboro, OR 97124
Phone: 800-693-7053 Fax: 503-640-6202

Name of Insured _____ Policy No. _____
Residence Address _____
Business Address _____
Date of Accident or Loss _____ Hour of Day _____ M.

Location of Accident

Place (Exact location on airport and if equipment involved describe and identify) _____
Owner of Premises _____
Name of party in control of premises _____
Is occupant's lease direct from Owner or another Lessee? _____
Whose duty is it to maintain, clean and keep this part of premises in repair? _____
What work or business was being done there? _____

Injured Person

Name _____ Address _____
Age _____ Employer or Occupation _____
Was injured wearing glasses, high or low heels? _____
Was medical aid rendered _____ When _____ By whom _____
Taken to home or hospital _____ Present contact _____
Nature and extent of injury _____
Statement of injured, if any (if written, attach copy) _____
Purpose of injured on premises _____

Property Damage

Name of owner _____ Address _____
Value of property damaged \$ _____ Estimated cost of repair or replacement \$ _____
Description of property and nature and extent of damage _____

Witnesses

Names and addresses of all witnesses including persons who inspected place of accident* _____

Description of Accident

Tell how the accident happened, noting what you saw or heard. _____

(Use back for additional information and diagram of accident.)

Important* Note

Have several people inspect place of accident at once. Do not discuss accident with anyone except authorized insurance company Representatives or the proper police authorities.
Dated _____ 20 _____ Signed _____
Position _____
Home Address _____