



INCIDENT REPORT

AGENCY EQUIDAE INSURANCE 608 Virginia Street East, Suite 302 Charleston, WV 25301 (p) (304) 346-1198 (f) (304) 345-3435 info@equidaeinsurance.com www.equidaeinsurance.com	DATE OF OCCURRENCE AND TIME	AM	DATE OF CLAIM	PREVIOUSLY REPORTED			
		PM			YES		NO
	POLICY NUMBER		EFFECTIVE DATE		EXPIRATION DATE		
POLICY HOLDER							

INSURED

CONTACT

NAME AND ADDRESS		NAME AND ADDRESS			WHERE TO CONTACT
CELL PHONE	BUSINESS PHONE	CELL PHONE	RESIDENCE PHONE	WHEN TO CONTACT	
E-MAIL ADDRESS		E-MAIL ADDRESS			

OCCURRENCE

LOCATION OF OCCURRENCE (include City and State)	AUTHORITY CONTACTED
DESCRIPTION OF OCCURRENCE (use separate sheet, if necessary)	

INJURED/PROPERTY DAMAGED

NAME & ADDRESS (Injured/Owner)				PHONE	
AGE	SEX	OCCUPATION	EMPLOYER'S NAME & ADDRESS		PHONE
DESCRIBE INJURY			WHERE TAKEN?	WHAT WAS INJURED DOING?	
<input type="checkbox"/> FATALITY (Check box if fatality occurred)					
DESCRIBE PROPERTY (Type, model, etc.)		ESTIMATE AMOUNT	WHERE CAN PROPERTY BE SEEN?	WHEN CAN PROPERTY BE SEEN?	

WITNESSES

NAME & ADDRESS	BUSINESS PHONE	RESIDENCE PHONE	
REMARKS			
REPORTED BY	REPORTED TO	SIGNATURE OF INSURED	SIGNATURE OF PRODUCER

AFTER THIS FORM IS COMPLETED, FAX FORM TO EQUIDAE INSURANCE AT 304-345-3535.
 For after-hours reporting (*Hours other than 9 am – 5 pm, Monday through Friday*), call
 Great American Insurance (*Crawford & Company*): (866)354-0148 - Program #014211 or Equidae Insurance at (304) 545-7371.