



Policy No.	<input type="text"/>	Date of report	<input type="text"/>	Date of loss	<input type="text"/>
Certificate No.	<input type="text"/>	Church Name	<input type="text"/>		
Name of person completing report	<input type="text"/>		Contact person	<input type="text"/>	
Phone number	<input type="text"/>		Phone number	<input type="text"/>	

**Complete for all Liability Incidents** (i.e. slips and falls)

- Type of loss  Bodily Injury  Professional Liability (Errors & Omissions, Directors & Officers Liability)  
 Property Damage  Crime (inside/outside robbery, employee dishonesty etc.)

Name of Claimant: \_\_\_\_\_ Phone number: \_\_\_\_\_

Location of incident:  inside  outside  sidewalk/steps  parking lot  cemetery  other

Weather conditions:  rain  snow  sleet  icy/slippery  hot/humid  windy  clear

Details of incident: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Time of day \_\_\_\_:\_\_\_\_  AM  PM

Was anyone injured?  Yes  No Were medical services provided?  Yes  No

**NOTE: Do not make any statements or declarations accepting or admitting liability**

**Complete for all Property Losses** (i.e. damage to buildings, contents, equipment, etc.)

- Type of loss:  Fire  Theft  Water (specify type i.e. flood, sewer backup, plumbing etc.)  
 Wind  Vandalism  Other (specify) \_\_\_\_\_  
 Lightning  Boiler/Machinery(accidental breakdown of air conditioning units, electrical panels etc.) \_\_\_\_\_

Location of incident \_\_\_\_\_

Description of incident \_\_\_\_\_

Estimated value of property damaged/lost/stolen \$ \_\_\_\_\_

**Witnesses:** Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Police Information:**

Name of the investigating officer	<input type="text"/>	Occurrence number	<input type="text"/>
Badge number:	<input type="text"/>	Phone No.	<input type="text"/>
Division or Region	<input type="text"/>		<input type="text"/>

Additional details \_\_\_\_\_