



INCIDENT/CLAIM REPORT

PLEASE E-MAIL TO: WREYNOLDS@HMIC.COM

OR FAX TO: 508-836-4940

**For after hours property claims, please call 1-877-302-0203*

Insured/Agency Information

Insured Name/Address:

Agency Name: _____

Insured Policy Number: _____

Insured Contact Name: _____ Telephone Number: _____

Incident/Loss Information

Claimant Name: _____ Date of Incident/Loss: _____

Claimant Representation: Yes No Name/Address of Representative: _____

Type of Incident: Liquor Liability Assault & Battery General Liability Property

Description of Claim: _____

Injury Sustained: _____

Staff Member(s) and/or Witness(es) to Incident/Accident: Yes No

Name/Address/Phone Number of each witness:

Submitted by: _____ Date: _____

Telephone number: _____