



**Rockville:** One Church Street, Ste 500, Rockville, MD 20850 [\[Map\]](#) 301.838.9400 (p) 301.838.9095 (f)  
**Fairfax:** 10201 Fairfax Boulevard, Ste 500, Fairfax, VA 22030 [\[Map\]](#) 703.352.7333 (p) 703.352.7340 (f)  
**Laurel:** 7901 Sandy Spring Road, Ste 102, Laurel, MD 20707 [\[Map\]](#) 301.369.9155 (p) 301.369.9453 (f)  
**Towson:** 305 W. Chesapeake Avenue, Ste 204, Towson, MD 21204 [\[Map\]](#) 410.825.7360 (p) 410.825.8076 (f)

**Web Site:** <http://www.insassoc.com> **E-mail:** [office@insassoc.com](mailto:office@insassoc.com) **Social Media:** [LinkedIn](#) | [Twitter](#) | [Facebook](#)

## PROPERTY DAMAGE OR BODILY INJURY TO OTHERS REPORT FORM

Named insured (company name):

Incident form completed by (signature or name):

Today's date:

Contact name:

Contact phone # (if different from office phone # ie: cellular):

Today's date:

Date & time of incident:

Location (street, city & state) where incident occurred:

Police dept name/phone #/case or report # (if applicable):

Description of incident:

Description of insured's equipment involved (if applicable):

Name of equipment operator (if applicable):

Claimant name:

Claimant telephone #(s) (specify if home, work &/or cell #):

Claimant address:

Contact name (if different from claimant):

Contact address (if different from claimant):

Contact Telephone #(s) (if different from claimant - specify if home, work &/or cell #):

If injury, part of body injured/extent of injury:

If injury, what was claimant doing at time of incident:

Taken to hospital/physician after incident? If so, give name/address:

If claimant's property is damaged, describe item(s) damaged & extent of damage:

Witnesses:

Video &/or audio documented (select one):  Yes  No

Additional Notes: