

U.S. Rotary Club & District Liability Insurance Program Incident Report

Complete and return to:		PPH National Insurance Co. c/o Rotary International Risk Management - F1120 Email: claims@rotary.org Fax: (847) 556-2147	
Rotary Club/District Information			
Club name & state		Club number	
Name of Rotary club/district point of contact		POC phone #	
		POC email	
Claimant (injured person/entity)			
Name		Phone number	
		Email address	
Occupation		Gender	
Address		Age	
Has the claimant contacted your club/district? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the claimant a Rotarian? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, is the claimant a Rotary volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was the injured person taken to hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide name of hospital			
Has a police report been filed? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please forward a copy to PPH National			
Incident Details			
Date and time of incident		Incident Location <i>(include venue and address)</i>	
Description of incident			
Description of injury/property damage			
Name of event			
Is the event organized solely by the Rotary club/district? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, what entity (ies) organized the event? _____			
Witness Information			
Witness name		Phone #	
		Email address	
Witness name		Phone #	
		Email address	
Contracts/Certificates/Other Documents			
Did the Rotary club/district enter into any contracts/agreements for the event? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>If yes, please forward a copy to PPH National.</i>			
Did the Rotary club/district issue certificates of insurance or additional insured endorsements to other entities for the event? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please forward a copy to PPH National.</i>			
Does the Rotary club/district have any other documents relating to the incident (i.e. photos, articles, witness statements) <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please forward a copy to PPH National.</i>			