

U.S. Rotary Clubs & Districts Liability Insurance Program  
**Incident Report**

**Complete and return to:** PPH National Insurance Co.  
 c/o Rotary International  
 Risk Management  
 Email: claims@rotary.org Fax: (847) 556-2147

**Rotary Club/District Information**

<b>Rotary Club name &amp; state</b>		<b>Club number</b>	
<b>Name of Rotary club/district point of contact</b>		<b>POC phone #</b>	
		<b>POC email</b>	

**Claimant (injured person/entity)**

<b>Name</b>		<b>Phone number</b>	
		<b>Email address</b>	
<b>Occupation</b>		<b>Gender</b>	<b>Age</b>
<b>Address</b>			

Has the claimant contacted your club/district?  Yes  No

Is the claimant a Rotarian?  Yes  No If no, is the claimant a Rotary volunteer?  Yes  No

Was the injured person taken to hospital?  Yes  No If yes, please provide name of hospital

Has a police report been filed?  No  Yes If yes, please forward a copy to PPH National

**Incident Details**

<b>Date and time of incident</b>		<b>Incident Location</b> <i>(include venue and address)</i>	
<b>Description of incident</b>			
<b>Description of injury/property damage</b>			
<b>Name of event</b>			

Is the event organized solely by the Rotary club/district?  Yes  No

If no, what entity (ies) organized the event? \_\_\_\_\_

**Witness Information**

<b>Witness name</b>		<b>Phone #</b>	
		<b>Email address</b>	
<b>Witness name</b>		<b>Phone #</b>	
		<b>Email address</b>	

**Contracts/Certificates/Other Documents**

Did the Rotary club/district enter into any contracts/agreements for the event?  Yes  No

*If yes, please forward a copy to PPH National.*

Did the Rotary club/district issue certificates of insurance or additional insured endorsements to other entities for the event?  Yes  No *If yes, please forward a copy to PPH National.*

Does the Rotary club/district have any other documents relating to the incident (i.e. photos, articles, witness statements)  Yes  No *If yes, please forward a copy to PPH National.*