General Liability Report of Incident Carrier: Midwest Public Risk (MPR)

Claims Administrator (TPA): Corporate Claims Management Inc. (CCMI)

(* = Required Information)

PREPARER'S NAME ENTITY LOCATION ADDRESS: *INCIDENT LOCATION INFORMATION: DATE OF ACCIDENT: LOCATION: CITY: STATE: ZIP CODE: PPOLICE REPORT TAKEN: POLICE REPORT TAKEN: POLICE REPORT TAKEN: POLICE REPORT TO LOSS? ACCIDENT / LOSS DESCRIPTION: (BE AS DETAILED AS POSSIBLE) *PROPERTY DAMAGE: OWNER: CONTACT PHONE: DAMAGE DESCRIPTION: ESTIMATED DAMAGE: INJURED PERSON: NAME: ADDRESS: CITY: STATE: ZIP CODE: HOME PHONE: INJURED PERSON: NAME: ADDRESS: CELL PHONE: INJURY DESCRIPTION:
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ADDRESS: CITY: STATE: ZIP CODE: HOME PHONE: CELL PHONE:
HOME PHONE: CELL PHONE:
NJURY DESCRIPTION:
DID INJURED PERSON REQUIRE MEDICAL ATTENTION? YES NO
IOSPITAL/CLINIC NAME:
ADDRESS: CITY: STATE: ZIP CODE:
BONEGO.
PATE OF REPORT:
AKEN BY: DATE:
DID YOU SEE THE INCIDENT OCCUR: YES NO
IOW DID THIS INCIDENT OCCUR?:
IST WITNESSES:
NY PHOTOGRAPHS TAKEN?: YES NO

E-mail completed form to claims@mprisk.org Or Fax to 636-519-0227 Questions call 800-449-2264