Hub Strategic Claims Management (P) 212-338-2338 or 212-338-2885

 Email: NRMCclaims@hubinternational.com or (F) 917-934-4657 or 917-934-4536

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| --- |
| **Member Name:**       **ID#:**       |
| **Property Name:**      **Owner Name:**      |
| **Property Manager Name:**       |
| **Property Address:**       |
| **Site Manager/Contact Name**:       **Telephone**:       |
| **Date Reported**:       **By Whom**:       |
| **Date of Incident**:       **Time**:       **Location**:       |
| **Description of Incident:**       |
|  |
| **Describe injuries or property damaged**:       |
|  |
| **Product or equipment involved in loss (describe)**:        |
|  |
| **Name and telephone number of injured party or owner of property damaged**:       |
|  |
| **If injury, was First Aid given at the scene:** [ ] Yes [ ] No **By Whom:**      |
| **Police/Fire/Ambulance at scene?** [ ] Yes [ ] No - **If yes, identify names of officials:**       |
|  |
| **Hospital (if known):**       |
| **Weather Conditions (if a factor)**: [ ] Wet [ ] Ice [ ] Snow [ ] Clear & Dry [ ] Raining |
| **Lighting Conditions:** [ ] Bright  [ ] Dim [ ] Working [ ] Not Working |
| **Location of incident inspected?**: [ ] Yes [ ] No If yes, date:       |
| **Observations:**       |
|  |
| **First employee on scene**:       **Action Taken**:       |
| **Further Action Required:**       |

|  |  |
| --- | --- |
| **Witness 1** | **Witness 2** |
| **Name:**       | **Name:**       |
| **Address:**       | **Address:**       |
| **Telephone:**       | **Telephone:**       |

**Completed By:**       **Signature:**

**Position:**       **Date:**