

# Incident Report



## SECTION 1 – Basic Facts

Policy number: \_\_\_\_\_ Effective date: \_\_\_\_\_  
Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_  
Location of Incident: \_\_\_\_\_ Name of Club  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, State, Zip  
Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## SECTION 2 – Other Party Information

Member/Guest/Employee involved in incident:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Account Number: \_\_\_\_\_ Social Security #: \_\_\_\_\_

## SECTION 3 – Description of Incident/Injuries

Description of Incident:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Injuries: Y/N If yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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## SECTION 4 –Property Involved

Description of property involved (include make, model, serial#, name of machine):

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## SECTION 5 – Employee Involved or Other Witness (Use separate page for multiple witnesses.)

Employee Involved:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

## SECTION 6 – Actions Taken by you up to this point:

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Any other relevant information: \_\_\_\_\_

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## SECTION 7 - Action requested/recommended:

Contact Claimant: \_\_\_\_\_

Submitted for reporting purposes only: \_\_\_\_\_

Injured Party's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please fax this incident report to Sports & Fitness at 601-853-6141 or email to [claims@sportsfitness.com](mailto:claims@sportsfitness.com).**



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