



Diocese of San Jose

RISK & INSURANCE MANAGEMENT

Incident Report General Liability

Parish/School Information	
Location Name:	Location #:
Location Address:	Telephone:
Contact Name	Facsimile:
<p><i>NOTICE TO ADMINISTRATORS/SUPERVISORS: THIS REPORT MUST BE COMPLETED AND SUBMITTED TO THE RISK & INSURANCE MANAGEMENT DEPARTMENT WITHIN 24 HOURS OF ANY INCIDENT. ALL INCIDENTS MUST BE REPORTED IN WRITING. MAIL TO: 1150 NORTH FIRST STREET, SUITE 100 SAN JOSE, CA 95112 TELEPHONE: 408-983-0250 / FACSIMILE: 408-983-0271. AND MAIL TO: MARY DEMAREST, ARTHUR J. GALLAGHER & CO., P.O. BOX 7443, SAN FRANCISCO, CA 94120. TELEPHONE: 415-536-8442 / FACSIMILE: 415-536-4036.</i></p>	

Incident Information		
<input type="checkbox"/> Accident – Non-Employee <input type="checkbox"/> Vehicle Accident <input type="checkbox"/> Burglary/Theft/Robbery <input type="checkbox"/> Property Damage <input type="checkbox"/> Fire <input type="checkbox"/> Other		
<input type="checkbox"/> Student		
Date of Incident:	Time of Incident:	Approximate Value of Loss: \$
Location of Incident:		
Description of Incident:		
Name of Person Involved in Incident:		Telephone:
Address of Person Involved in Incident:		
Description of Property Involved in Incident: 1999 Olds		
Name of Witness to Incident: None		Telephone:
Address of Witness to Incident:		
Name of Witness to Incident:		Telephone:
Address of Witness to Incident:		
Attachments: <input type="checkbox"/> Police Report <input type="checkbox"/> List of Damaged/Lost Items		Damaged/Lost Items Replaced? <input type="checkbox"/> Yes <input type="checkbox"/> No

Report Authorization	
<i>REPORT MUST BE COMPLETED IN ALL RESPECTS, SIGNED AND DATED TO AUTHORIZE THE FINDINGS.</i>	
Report Completed By:	Date Completed:
Position/Title:	Telephone:

Risk & Insurance Management Use Only	
Report Received By:	Date Received: