

General Liability Report of Incident

Carrier: Midwest Public Risk (MPR)
Claims Administrator (TPA): Corporate Claims Management Inc. (CCMI)
(* = Required Information)

*MEMBER INFORMATION:

PREPARER'S NAME	PHONE:
ENTITY	
LOCATION ADDRESS:	

*INCIDENT LOCATION INFORMATION:

DATE OF ACCIDENT:	TIME:		
LOCATION:	CITY:	STATE:	ZIP CODE:
DEPARTMENT:			
POLICE REPORT TAKEN: <input type="checkbox"/> YES <input type="checkbox"/> NO	REPORT #		
HOW WAS MEMBER NOTIFIED OF LOSS?			
ACCIDENT / LOSS DESCRIPTION: (BE AS DETAILED AS POSSIBLE)			

*PROPERTY DAMAGE:

OWNER:	ADDRESS:
CONTACT PHONE:	
DAMAGE DESCRIPTION:	ESTIMATED DAMAGE:

INJURED PERSON:

NAME:			
ADDRESS:	CITY:	STATE:	ZIP CODE:
HOME PHONE:	CELL PHONE:		
INJURY DESCRIPTION:			
DID INJURED PERSON REQUIRE MEDICAL ATTENTION? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HOSPITAL/CLINIC NAME:			
ADDRESS:	CITY:	STATE:	ZIP CODE:

DATE OF REPORT:

TAKEN BY:	DATE:
DID YOU SEE THE INCIDENT OCCUR: <input type="checkbox"/> YES <input type="checkbox"/> NO	
HOW DID THIS INCIDENT OCCUR?:	
LIST WITNESSES:	
ANY PHOTOGRAPHS TAKEN?: <input type="checkbox"/> YES <input type="checkbox"/> NO	

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