

Please print clearly and attach additional pages as needed. Send this report to:

Email: [claims@redwoodsgroup.com](mailto:claims@redwoodsgroup.com) | Fax: 800-478-6068

**Do you need to have a claim set up?      YES      NO**

(For example: Has there been a request for payment? Is there an attorney involved? Are the damages over your deductible?)

Reported By: \_\_\_\_\_ Date of Incident: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Reported On: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time of Incident: \_\_\_\_ : \_\_\_\_ AM PM

**Type:**      Liability      Property      Auto      Directors & Officers

Injured Party Name: \_\_\_\_\_ Your Organization: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Contact Name: \_\_\_\_\_

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

Parent / Guardian: \_\_\_\_\_ Email: \_\_\_\_\_

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

City: \_\_\_\_\_

Incident Location: \_\_\_\_\_

State, Zip: \_\_\_\_\_

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

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

City: \_\_\_\_\_

Email: \_\_\_\_\_

State, Zip: \_\_\_\_\_

Witness: \_\_\_\_\_

**What happened?**

Please provide a brief description of what happened. (Attach additional pages if needed.)

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**How did this happen?**

- |  |  |   |                                  |
|--|--|---|----------------------------------|
| <input type="checkbox"/> Abuse               | <input type="checkbox"/> Discrimination    | <input type="checkbox"/> Professional     | <input type="checkbox"/> Water   |
| <input type="checkbox"/> Aquatics            | <input type="checkbox"/> Equipment Failure | <input type="checkbox"/> Road Conditions  | <input type="checkbox"/> Weather |
| <input type="checkbox"/> Assault             | <input type="checkbox"/> Fall From         | <input type="checkbox"/> Slip, Trip, Fall |                                  |
| <input type="checkbox"/> Automobile Accident | <input type="checkbox"/> Fire              | <input type="checkbox"/> Struck By/Struck |                                  |
| <input type="checkbox"/> Burn                | <input type="checkbox"/> Medical           | <input type="checkbox"/> Theft/Vandalism  |                                  |

**Where did this happen?**

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Aquatics                | <input type="checkbox"/> Gyms, Courts & Fields     | <input type="checkbox"/> Outside the Facility          | <input type="checkbox"/> Saunas, Spas and Steam Rooms |
| <input type="checkbox"/> Bathroom/Locker         | <input type="checkbox"/> Housing                   | <input type="checkbox"/> Playground                    | <input type="checkbox"/> Sidewalks & Stairs           |
| <input type="checkbox"/> Child Care / Classrooms | <input type="checkbox"/> Maintenance Area          | <input type="checkbox"/> Professional Areas            | <input type="checkbox"/> Target Sports                |
| <input type="checkbox"/> Fitness                 | <input type="checkbox"/> Non-Athletic Program Area | <input type="checkbox"/> Roads, Streets & Parking Lots | <input type="checkbox"/> Transition Area              |
| <input type="checkbox"/> Food Service Areas      |  | <input type="checkbox"/> Ropes Elements                |   |

**If this is a claims emergency, please call us at 800-463-8546**