

FRMT Ltd. General Liability

Incident Report Form

Use this form to report an incident in which a breach of risk management policy, serious injury, tragedy, or other emergency has occurred. If you have not already done so, notify your chapter adviser of the incident and await further instructions. All form fields are required.

Save a copy of this completed form and email it to FRMT@Dynamicclaims.com. If you require additional assistance, call (833) 264-7398 Fax number is (949) 474-0050

SUBMITTER INFORMATION

Your full name: _____

Date and time of the incident: _____

Chapter Name: _____ School _____ :

Your email address: _____ Your phone number: _____

Your title (if applicable): _____

Have any college/university officials been informed? Yes No

If so, when were they notified? Date: ____/____/____

Have you been contacted by the media? Yes No

Has the chapter adviser been notified? Yes No

If so, when was he notified? Date: ____/____/____

Adviser's name: _____ Phone number: _____

Has the House Corporation President been notified (if applicable)? Yes No NA

If so, when was he notified? Date: ____/____/____

House Corporation President's name: _____ Phone number: _____

INCIDENT INFORMATION

Location of incident: _____

Address of incident: _____

City: _____ State: _____ Zip Code: _____

Was law enforcement or any emergency vehicles involved?

Yes No

Explain:

Are there any witnesses? Yes No

Explain:

Is anyone else connected to this incident? Yes

Explain:

If someone was injured, provide his/her name(s) and contact information below and describe the nature of the injury. Also, please indicate whether or not the injured person(s) is/are member(s) of Fraternity

Describe what happened: