

# NDIRF NORTH DAKOTA INSURANCE RESERVE FUND

## LIABILITY INCIDENT REPORT

Named Member: \_\_\_\_\_ Policy # \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Member Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact for the claim?  Yes  No If no, Contact Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Agency: \_\_\_\_\_ Agency Contact Person/Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Date of Incident:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Time of Incident:** \_\_\_\_:\_\_\_\_  AM  PM

Location of Incident: \_\_\_\_\_  
(Physical Address – if there is no specific address, describe location, i.e. cross streets)

Fully describe the incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Authorities contacted?  Yes  No If yes, who? \_\_\_\_\_ Report Number: \_\_\_\_\_

### **PROPERTY DAMAGE:**

Describe Property: \_\_\_\_\_ Describe Damage: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

### **INJURED PARTIES:**

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

Phone: (\_\_\_\_) \_\_\_\_\_ Extent of Injury: \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_ Extent of Injury: \_\_\_\_\_

### **WITNESSES:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**\*\*Please email this report to your agent with any other supporting documentation.\*\***