

T.H.E. Insurance Company

ATTN: CLAIMS DEPARTMENT

10451 Gulf Boulevard
Treasure Island, FL 33706
(727)367-6700

Fax (727)367-9103 or (727)360-7303

Producer _____

LIABILITY ACCIDENT REPORT

Policy No. _____

(1) INSURED	Name	Cell Phone	Business Phone
	Address	City	St Zip
	Email	Contact Person	Contact Phone
(2) ACCIDENT (TIME, PLACE & DESCRIPTION)	Date & Time of Accident (mm/dd/yyyy)	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
	Location of Accident (City & State)		
	Name of Ride	Ride Operator Name	
	Description of Accident		
	Police Dept. Reported to: (include Name and Badge Number of Officer)		
(3) INJURED PERSON	Name	Age	<input type="checkbox"/> Married <input type="checkbox"/> Single
	Address	Res. Phone	Bus. Phone
	If Minor, Give Parents' Names		
	Employed by (Or School Attended)		
(4) THE INJURY	Describe Injury (Location on Body, Size of Wound, Bleeding, Loss of Consciousness, Etc.)		
	Where was Injured Taken After the Accident?		
	Treatment Rendered?	Did Injured Person Return to Event After Accident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
(5) PROPERTY DAMAGE	Owner	Address	Res. Phone Bus. Phone
	List Damage	Estimated Cost of Repairs	
(6) WITNESSES	Name	Address	Res. Phone Bus. Phone
(7) COMMENTS OR STATEMENTS OF INJURED PARTY			
	Statement Heard By?	Address	Phone
REPORT SUBMITTED BY	Name	Date	Position

- IN CASE IF ACCIDENT!
1. Remain calm.
 2. Fill out this form.
 3. Fax or mail to this address
 4. Serious injuries or death should be phoned in immediately
 5. DO NOT ADMIT FAULT. Do not discuss with anyone except police

ALL ACCIDENTS MUST BE REPORTED