Brotherhood Mutual Insurance Company

Select CHURCH INSURANCE SERVICES, INC.

# Notice of Injury

(Non-Employee)

| | |
|---|---|
| **Organization** | Name: _____<br>Address: _____<br>Policy # : _____ |
| **Time and Place of Injury** | Date of Injury: _____ Time: _____ ❑ AM ❑ PM<br>Where did it occur? _____ |
| **Person Injured** | Name: _____ Age: _____<br>Address: _____ Telephone: _____<br>Name of parents/guardians (if a minor): _____<br>Employer: _____<br>Injuries sustained: _____<br>Where was injured taken? (hospital/ doctor): _____<br>Relationship to organization: ❑ Member ❑ Visitor ❑ Volunteer ❑ Employee ❑ Student/Camper ❑ Tenant/Resident ❑ Other<br>If injury occurred on insured's premises, for what purpose was the injured on the premises? _____<br>Who was responsible for supervision at the time of injury? _____<br>If injury occurred elsewhere, what connection did it have with the insured's operations or activities? _____<br>Does the injured party have personal medical insurance? ❑ Yes ❑ No<br>Name of medical insurance company: _____ |
| **Full Description of Accident (How it Happened)** | _____<br>_____<br>_____<br>_____ |
| **Witnesses** | Name: _____ Telephone: _____<br>Address: _____<br>Name: _____ Telephone: _____<br>Address: _____ |

Signature: _____ Date of report: _____

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