



U.S. Rotary Club & District General Liability Insurance Program Claim Report Form

Instructions

Complete and return this form by mail, fax, or email along copies of any pertinent documents (contracts for the event, medical invoices, newspaper articles, police report, any correspondence, etc.) to:

Rotary International
 Risk Management Department/FI200
 1560 Sherman Avenue
 Evanston IL 60201
Fax: (847) 556-2147 **Email:** insurance@rotary.org

Club or District Information

Club Name and Number		Today's Date	
Contact Name		Phone Number	
Email Address		Fax Number	

Occurrence/Incident

Incident Date & Time		Event Name & Location	
Type of Event		Rotary club's event? <input type="checkbox"/> Yes <input type="checkbox"/> No, If No , who's the event organizer?	
Incident Description			

Claimant

Claimant Name		Phone Number		
		Email Address		
Occupation		Gender		Age
Claimant Address				
Description of injury or property damage				
Is the claimant a Rotarian? <input type="checkbox"/> Yes If no, is the claimant a Rotary volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> Other				
Has a police report been filed? <input type="checkbox"/> No <input type="checkbox"/> Yes. Please forward copy of the report with the claim form.				

Witnesses (use additional paper for additional witnesses)

Witness 1 Name		Witness 1 Phone & Email Address	
Witness 1 Address			
Witness 2 Name		Witness 2 Phone & Email Address	
Witness 2 Address			

Contracts/Certificates

Please provide copies of all contracts and certificates of insurance issued for this event.