

Please print clearly and attach additional pages as needed. Send this report to:

Email: claims@redwoodsgroup.com | Fax: 800-478-6068

Do you need to have a claim set up? YES NO

(For example: Has there been a request for payment? Is there an attorney involved? Are the damages over your deductible?)

Reported By: _____ Date of Incident: ____ / ____ / ____

Reported On: ____ / ____ / ____ Time of Incident: ____ : ____ AM PM

Type: Liability Property Auto Directors & Officers

Injured Party Name: _____ Your Organization: _____

Date of Birth: _____ Contact Name: _____

Phone: _____

Parent / Guardian: _____ Email: _____

Address: _____

City: _____

Incident Location: _____

State, Zip: _____

Address: _____

Phone: _____

City: _____

Email: _____

State, Zip: _____

Witness: _____

What happened?

Please provide a brief description of what happened. (Attach additional pages if needed.)

How did this happen?

- | | | | |
|--|--|---|----------------------------------|
| <input type="checkbox"/> Abuse | <input type="checkbox"/> Discrimination | <input type="checkbox"/> Professional | <input type="checkbox"/> Water |
| <input type="checkbox"/> Aquatics | <input type="checkbox"/> Equipment Failure | <input type="checkbox"/> Road Conditions | <input type="checkbox"/> Weather |
| <input type="checkbox"/> Assault | <input type="checkbox"/> Fall From | <input type="checkbox"/> Slip, Trip, Fall | |
| <input type="checkbox"/> Automobile Accident | <input type="checkbox"/> Fire | <input type="checkbox"/> Struck By/Struck | |
| <input type="checkbox"/> Burn | <input type="checkbox"/> Medical | <input type="checkbox"/> Theft/Vandalism | |

Where did this happen?

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Aquatics | <input type="checkbox"/> Gyms, Courts & Fields | <input type="checkbox"/> Outside the Facility | <input type="checkbox"/> Saunas, Spas and Steam Rooms |
| <input type="checkbox"/> Bathroom/Locker | <input type="checkbox"/> Housing | <input type="checkbox"/> Playground | <input type="checkbox"/> Sidewalks & Stairs |
| <input type="checkbox"/> Child Care / Classrooms | <input type="checkbox"/> Maintenance Area | <input type="checkbox"/> Professional Areas | <input type="checkbox"/> Target Sports |
| <input type="checkbox"/> Fitness | <input type="checkbox"/> Non-Athletic Program Area | <input type="checkbox"/> Roads, Streets & Parking Lots | <input type="checkbox"/> Transition Area |
| <input type="checkbox"/> Food Service Areas | | <input type="checkbox"/> Ropes Elements | |

If this is a claims emergency, please call us at 800-463-8546