

OHA Club & District Liability Insurance Program
Incident Report

Complete and return to: The Co-operators

OHA Club/District Information

Club name: _____

Contact Person: _____ phone # _____

Claimant (injured person/entity)

Name: _____ Phone number: _____

Gender: _____ Age: _____

Address: _____

Has the claimant contacted your club/district? _____ Yes _____ No

Is the claimant a Volunteer/Member? _____ Yes _____ No

Was the injured person taken to hospital? _____ Yes _____ No

Has a police report been filed? _____ Yes _____ No

If yes, please forward a copy to The Co-operators

Incident Details

Date and time of incident: _____ Incident Location _____

Description of incident: _____

Description of injury/property
damage: _____

Name of event

Is the event organized solely by the OHA club/district? ____ Yes ____ No

If no, what entity (ies) organized the event?

Witness Information

Witness name: _____ Phone # _____

Witness name; _____ Phone # _____

Contracts/Certificates/Other Documents

Did the OHA club/district enter into any contracts/agreements for the event?

____ Yes ____ No

If yes, please forward a copy to The Co-operators

Did the OHA club/district issue certificates of insurance or additional insured endorsements to other entities for the event? ____ Yes ____ No

If yes, please forward a copy to The Co-operators

Does the OHA club/district have any other documents relating to the incident (i.e. photos, articles, witness statements) ____ Yes ____ No

If yes, please forward a copy to The Co-operators