



# OHA Society/Club & District Liability Insurance Program

## Incident Reporting Form

### OHA SOCIETY/CLUB/DISTRICT INFORMATION

Society/Club/District Name:

Contact Person:

Phone No.

### INJURED PERSON/DAMAGED ENTITY

Name:

Phone No.

Address:

Gender:

Age:

Email:

Yes No

1. Has the person contacted your Society/Club/District?
2. Is the person a Volunteer/Member?
3. Did the person receive medical attention?

*If the person refused medical attention, please initial here: \_\_\_\_\_*

4. Was the injured person taken to the hospital?
5. Has a police report been filed?  
If **yes**, please forward a copy to the Cooperators
6. Were scene photographs taken?  
If **yes**, please attach

### INCIDENT DETAILS

Date and Time  
of Incident:

Incident  
Location:

Description  
of Incident:

Description of  
Injury/Property  
Damage:

**NAME OF EVENT**

**Yes No**

Is the event organized solely by the OHA Society/Club/District?

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

**WITNESS INFORMATION**

**Witness Name:**  **Phone No.**

**Email Address:**

**Witness Name:**  **Phone No.**

**Email Address:**

**CONTRACTS/CERTIFICATES/OTHER DOCUMENTS**

**Yes No**

Did the Society/Club/District enter into any contracts/agreements for the event?

**If yes**, please forward a copy to the The Cooperators

Did the Society/Club/District issue certificates of insurance or additional insured endorsements to other entities for the event?

**If yes**, please forward a copy to the The Cooperators

Does the Society/Club/District have any other documents relating to the incident (i.e. photots, articles, witness statements)?

**If yes**, please forward a copy to the The Cooperators

PLEASE MAINTAIN THIS DOCUMENT FOR 3 YEARS FROM DATE OF EVENT FOR INSURANCE PURPOSES