



**Instant Risk Coverage
Claim / Incident Report**

Email to: claims@instantriskcoverage.com
OR Fax to: 280-805-5559

NOTE: FILING AN INCIDENT OR CLAIM REPORT IS TIME SENSITIVE. THERE IS A 10 DAY NOTICE FOR PROVIDING A MUNICIPALITY WITH NOTICE OF CERTAIN TYPES OF CLAIMS AND A TWO YEAR LIMITATION PERIOD FOR BRINGING AN ACTION IN RESPECT TO ALL CLAIMS.

Facility Renter Information:

Rental Contract Number: _____ (If at all possible attach the rental contract)

Name of Organization (if applicable) _____

Or if not applicable, complete the personal name the rental contact was in below:

First Name _____ Middle Initial _____ Last Name _____

Address of Organization or person on the rental contract

Address Unit No. _____ Street No. _____ Street _____

City _____ Province _____ Postal Code _____

Home Phone (____)____-____ Work Phone (____)____-____ x____ Email _____

If an organization, contact person's name: _____

Information on Third Party (person injured or their property damaged)

First Name _____ Middle Initial _____ Last Name _____

Address Unit No. _____ Street No. _____ Street _____

City _____ Province _____ Postal Code _____

Home Phone (____)____-____ Work Phone (____)____-____ x____ Email _____

Incident Information

Incident Date _____ Time of Incident (am or pm) _____

Was this Reported to within 24 hours? Yes No If no, why? _____

Location description (including address if known) _____

Facility _____ Location of Facility _____

Other _____

Description of incident _____

Description of Property Damage or Injuries _____

PLEASE PROVIDE/ATTACH PHOTOS, INVOICES, AND ANY OTHER RELEVANT DOCUMENTATION

If Reported to Police Provide the Following

Officer's name _____ Badge # _____ Occurrence # _____

Police report attached? Yes No

Witness Information (1)

First Name _____ Middle Initial _____ Last Name _____

Address Unit No. _____ Street No. _____ Street _____

City _____ Province _____ Postal Code _____

Home Phone (____)____-____ Work Phone (____)____-____ x____ Email _____



Witness Information (1)

First Name _____ Middle Initial _____ Last Name _____
Address Unit No. _____ Street No. _____ Street _____
City _____ Province _____ Postal Code _____
Home Phone (____) ____-____ Work Phone (____) ____-____ x_____ Email _____

Complete Description of Incident and Additional Information

(if more room is required attach a separate sheet)

THE INFORMATION PROVIDED HEREIN IS TRUE. I UNDERSTAND THAT ALL FRAUDULENT CLAIMS WILL BE PROSECUTED TO THE FULL EXTENT OF THE LAW.

Name (this will be your signature) _____ **Date** _____, _____