

Immediately after an accident, fill out this form and send to:



GALLAGHER BASSETT INSURANCE SERVICE

(See Reverse For Complete Instructions)

ACCIDENT REPORT

(Please fill in all spaces—This form is to be completed by Lodge management, NOT by the Claimant)



B.P.O. ELKS
LODGE # _____
THIS ACCIDENT RESULTED IN:
<input type="checkbox"/> BODILY INJURY
<input type="checkbox"/> PROPERTY DAMAGE ONLY

CLIENT: B. P. O. ELKS

LODGE #	LODGE NAME	ADDRESS		
CITY	STATE	ZIP CODE	PHONE	

ACCIDENT

DATE OF LOSS	TIME OF LOSS	LOCATION OF LOSS		
CITY	STATE	ZIP CODE		
OFFICIALS CALLED TO SCENE		IDENTIFY LOSS		
<input type="checkbox"/> POLICE <input type="checkbox"/> FIRE DEPT. <input type="checkbox"/> AMBULANCE				

CLAIMANT

NAME	AGE	ADDRESS		
CITY	STATE	ZIP CODE	PHONE	
DESCRIBE INJURY				IS CLAIMANT EMPLOYED BY LODGE?
				<input type="checkbox"/> YES <input type="checkbox"/> NO
CLAIMANT'S EMPLOYER AND ADDRESS		STATE	ZIP CODE	EMPLOYER'S PHONE

DESCRIPTION OF LOSS (WHAT HAPPENED?)

WITNESSES

NAME	ADDRESS		
CITY	STATE	ZIP CODE	PHONE
NAME	ADDRESS		
CITY	STATE	ZIP CODE	PHONE

Remarks

Have you reported this claim by telephone? _____ If so, date reported? _____

Is the Claimant a Member of the Elks? _____ Is the Claimant an Employee of the Elks? _____

DATE OF REPORT	SIGNATURE AND TITLE
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CLAIMANT IS NOT TO SIGN OR MAKE REPORT.

Important
CLAIM PROCEDURES

Serious Accidents and All Lawsuits should be reported by telephone immediately to:
Gallagher Bassett Services, Inc.

Toll Free Call 1-800-962-7088

Toll Free FAX 1-800-223-7006

This form contains the information necessary to investigate potential liability claims. Please complete it in as much detail as possible and forward it to Gallagher Bassett Services, as instructed above. On receipt, Gallagher Bassett Services will coordinate handling and claim adjustment.

Any claim from an employee injured on the job should be reported to the Lodge's Workers Compensation Insurance company, not Gallagher Bassett Services. Any other claim by an employee for alleged wrongdoing should be reported to the Lodge's Directors and Officers Insurance carrier.

Written Accident Reports and all claim documents should be mailed to:

Gallagher Bassett Services, Inc.

[Mailing Address]

P.O. Box 5520
Oakbrook Terrace, IL 60181-5520

[Location]

1901 S. Meyers Road, 2nd Floor
Oakbrook Terrace, IL 60181

Applicable in California

For your protection, California Law requires the following to appear on this form:
It is unlawful to:

- (a) Present or cause to be presented any false or fraudulent claim for the payment of a loss under a contract of insurance.
- (b) Prepare, make or subscribe any writing, with intent to present or use the same, or allow it to be presented or used in support of any such claim.

Every person who violated any provision of this section is punishable by imprisonment in the state prison, or by fine not exceeding one thousand dollars (\$1,000) or by both.

Applicable in Florida, Idaho, and New York

Any person who Knowingly and with intent to Injure, Defraud, or Deceive any Insurance Company Files a Statement of Claim Containing any False, Incomplete or Misleading information is Guilty of a Felony*+

* In Florida - Third Degree Felony

+ In New York - Insurance Fraud:

In Third Degree - Class A Misdemeanor

In Second Degree - Class E Felony

In First Degree - Class D Felony