



# INCIDENT/CLAIM REPORT

PLEASE E-MAIL TO: LOSS@HMIC.COM OR  
FAX TO: 508-836-4940

*\*For after hours property claims, please call 1-877-302-0203*

## Insured/Agency Information

Insured Name/Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Agency Name: \_\_\_\_\_

Insured Policy Number: \_\_\_\_\_

Insured Contact Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

## Incident/Loss Information

Claimant Name: \_\_\_\_\_ Date of Incident/Loss: \_\_\_\_\_

Claimant Representation:  Yes  No Name/Address of Representative: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Type of Incident:  Liquor Liability  Assault & Battery  General Liability  Property

Description of Claim: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Injury Sustained: \_\_\_\_\_

\_\_\_\_\_

Staff Member(s) and/or Witness(es) to Incident/Accident:  Yes  No

Name/Address/Phone Number of each witness:

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone number: \_\_\_\_\_

*For more information on reporting a claim please contact our claims department.*

*E-mail: Loss@hmic.com*

*Toll free: 877-366-1140 -or- 508-366-1140*