

MINNESOTA JOINT UNDERWRITING ASSOCIATION
445 MINNESOTA ST SUITE 514
ST. PAUL, MN 55101
1 (800) 552-0013 or (651) 222-0484 fax: (651) 222-7824

INCIDENT REPORT FORM

1. Name, address, phone number and policy number of insured:

() _____ Policy Number: _____

2. Name, address, and phone number of potential claimant:

() _____

3. Name, address, and phone number of injured person(s) (if different from potential claimant):

4. Date and time of incident: _____

5. Full address where incident occurred (attach floor plan or street plan if necessary):

6. Names, address and phone numbers of all persons involved in the incident and an explanation of the relation, if any, or each to the insured. (Attach additional sheets if necessary.)

7. Names, address and telephone number of all witnesses to the incident:

Name	Address	Phone
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-	_____	_____
-	_____	_____
-	_____	_____
-	_____	_____

8. Completely describe the incident, including all relevant circumstances and actions preceding and following the incident (attach additional pages if necessary). Attach a copy of police report if applicable.

-	_____
-	_____
-	_____
-	_____
-	_____

9. Names, addresses and phone numbers of any person injured and description of injuries:

Name	Address	Phone	Injury
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-	_____	_____	_____
-	_____	_____	_____
-	_____	_____	_____
-	_____	_____	_____

10. Itemize all damages property, extent of damage, estimated or actual repair cost:

Property	Description of Damage	\$ Estimate (by whom)
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-	_____	_____
-	_____	_____
-	_____	_____
-	_____	_____

I hereby certify that the foregoing statements made by me are true.

Signature of person completing report

Date