

**Minnesota Joint Underwriting Association**

2400 Portland Ave S, Suite 190,  
Burnsville, MN 55337  
(952) 641-0260 Fax: (952) 641-0274  
WWW.MJUA.ORG

FOSTER PROVIDER LIABILITY INSURANCE

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.)

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

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

Name	Address	Phone
-		
-		
-		
-		

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.

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

Name	Address	Phone	Injury
-			
-			
-			
-			

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

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

**FRAUD WARNING**  
*A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME*

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

Signature of person completing report \_\_\_\_\_

Date \_\_\_\_\_

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