Hub Strategic Claims Management (P) 212-338-2338 or 212-338-2885

Email: NRMCclaims@hubinternational.com or (F) 917-934-4657 or 917-934-4536

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| **Member Name:**       **ID#:** |
| **Property Name:**      **Owner Name:** |
| **Property Manager Name:** |
| **Property Address:** |
| **Site Manager/Contact Name**:       **Telephone**: |
| **Date Reported**:       **By Whom**: |
| **Date of Incident**:       **Time**:       **Location**: |
| **Description of Incident:** |
|  |
| **Describe injuries or property damaged**: |
|  |
| **Product or equipment involved in loss (describe)**: |
|  |
| **Name and telephone number of injured party or owner of property damaged**: |
|  |
| **If injury, was First Aid given at the scene:** Yes No **By Whom:** |
| **Police/Fire/Ambulance at scene?** Yes No - **If yes, identify names of officials:** |
|  |
| **Hospital (if known):** |
| **Weather Conditions (if a factor)**: Wet Ice Snow Clear & Dry Raining |
| **Lighting Conditions:** Bright  Dim Working Not Working |
| **Location of incident inspected?**: Yes No If yes, date: |
| **Observations:** |
|  |
| **First employee on scene**:       **Action Taken**: |
| **Further Action Required:** |

|  |  |
| --- | --- |
| **Witness 1** | **Witness 2** |
| **Name:** | **Name:** |
| **Address:** | **Address:** |
| **Telephone:** | **Telephone:** |

**Completed By:**       **Signature:**

**Position:**       **Date:**