

**USER GROUP PROGRAM
INCIDENT/LOSS REPORT FORM**
Special Risk Insurance Policy No. SR008859
(This form is for reporting incidents of Bodily Injury or Property Damage to a Third Party)

GENERAL INFORMATION

| | |
|-------------------------------|----------------------------|
| Permit Number: | Name of School Board: |
| Permit Holder Name (Insured): | |
| Contact Name: | E-mail: |
| Telephone Number: () | |
| Name of School Rented: | Type of Function/Activity: |

DETAILS OF CLAIM

Date of Loss (mm/dd/yy)

Circumstances

Type of Injury or Third Party Damage

Ambulance at Scene?
 Yes? No?

WITNESS

| | | |
|-------|----------|---------------------|
| Name: | Address: | Telephone () |
|-------|----------|---------------------|

THIRD PARTY INFORMATION (If Applicable)

Other Party Name

Street Address

| | | | |
|------|----------|-------------|---------------------|
| City | Province | Postal Code | Telephone () |
|------|----------|-------------|---------------------|

SIGNATURE

| | |
|---------------------|-----------|
| Name (please print) | Signature |
| Title | |
| Date (mm/dd/yy) | |

Consent: Personal information is collected on this form in accordance with Arthur J. Gallagher Canada Limited Privacy Policy and in compliance with applicable Privacy legislation. I hereby consent and/or have obtained the consent of the other individuals whose personal information appears on this form to the collection, use and disclosure of this information for the purposes of reporting, investigating and settling claims.

Completed forms to be submitted to: supplementarylines@osbie.on.ca