

Starting Strength Incident Report



SECTION 1 – Basic Facts

Policy number: _____ Effective date: _____
Date of Incident: _____ Time of Incident: _____
Location of Incident: _____ Name of Club
Address
City, State, Zip
Contact Name: _____ Phone: _____

SECTION 2 – Other Party Information

Member/Guest/Employee involved in incident:
Name: _____ Phone: _____
Address: _____
Account Number: _____ Social Security #: _____

SECTION 3 – Description of Incident/Injuries

Description of Incident:

Injuries: Y/N If yes, describe: _____



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Incident Report



SECTION 4 –Property Involved

Description of property involved (include make, model, serial#, name of machine):

SECTION 5 – Employee Involved or Other Witness (Use separate page for multiple witnesses.)

Employee Involved:

Name: _____ Phone: _____

Address: _____

SECTION 6 – Actions Taken by you up to this point:

Any other relevant information: _____

SECTION 7 - Action requested/recommended:

Contact Claimant: _____

Submitted for reporting purposes only: _____

Injured Party's signature: _____ Date: _____

Please fax this incident report to Sports & Fitness at 601-707-1040 or email to claims@sportsfitness.com.



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