

**THE MARKETPLACE INSURANCE
AND FINANCIAL SERVICES INC.**

PRESENTS

Insurance Handbook©

FOR CLUBS OF

Ontario Track and Field

2005 - 2006

THE MARKETPLACE INSURANCE AND FINANCIAL SERVICES INC administers the Insurance Program Service. The Marketplace is a specialty insurance brokerage specializing in developing products and coverage to meet the diverse and complex needs of organizations from coast to coast.

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THE MARKETPLACE Insurance and Financial Services Inc herein administer the Insurance Program. The Marketplace is a specialty broker in developing products and coverage's to meet the diverse and complex needs of organizations from coast to coast.

SECTION ONE:

OVERVIEW OF INSURANCE PROGRAM

"All I wanted to do was coach and have fun by being involved. In the past, I had to worry about liability insurance and protecting myself. It has taken the fun out of volunteering and being a part of a sports organization".

In the past and now more than ever, legal expense is a major concern to coaches, trainers, managers, umpires, directors of clubs, administrators plus other registered volunteers involved in our sport.

To aid us in this dilemma, the **Ontario Track and Field** has entered into agreement with **THE MARKETPLACE** Insurance and Financial Services Inc. Our joint objective is to insure members in good standing with a Comprehensive General Liability Policy plus Sports Accident Package.

The limit of our liability coverage is as indicated by the policy. Coverage under this liability policy will insure the following participants while participating in the organizational activities and events.

1. Participants (ATHLETES)
1. Coaches
2. Instructors
3. Managers & Trainers
4. Club Officials
5. Volunteers
6. Administrators
7. Registered Officials but **ONLY** for **Ontario Track and Field** sanctioned activities involving registered members only.

Coverage under this liability policy is for members in good standing with the **Ontario Track and Field** and will insure the following participants and activities:

1. Elected Officials of CLUBS (Board of Directors)
1. All activities governed under the Constitution and By-Laws of **Ontario Track and Field**
2. Registrants/members who are listed above

For details of coverage and responsibilities please refer to the designated section herein.

Clubs that own or rent their own facilities (buildings and training, etc.) should be aware that there will be exposures beyond the scope of the Insurance Package (please review Optional Insurance Package).

SPECIAL NOTES:

1. In all cases, the master policy held by the **Ontario Track and Field** will be the governing instrument for clarification of coverage details and deductibles.
1. To maintain insurance protection for clubs, members, teams, all members, participants, instructors, coaches, managers, trainers, etc., must be registered on designated sport named herein forms, irrespective of age or classification and be submitted to the **Ontario Track and Field** with payment by the appointed deadlines.
2. In all cases, the master policy will **ONLY INSURE** those that are duly registered members with the **Ontario Track and Field**; therefore, no coverage is implied or given for any registrant who does any public or private school teams or leagues including college, university or any other educational body not specifically agreed to in writing by the underwriters of this policy(ies).

SECTION TWO:

LIABILITY PROGRAM

Compulsory Policy:

This outline is not a contract of insurance. It is merely a brief description of the various coverage's. In all cases the provisions of the actual policy riders shall prevail.

The policy is issued to the **Ontario Track and Field** as the named insured.

The following are included as additional named insureds as long as they remain members in good standing to the **Ontario Track and Field**.

This coverage will pay on behalf of the insured (The Sport named herein, the additional named insureds and/or the additional insured persons) all sums which the insured(s) shall become legally obligated to pay as compensatory damages for actual bodily injury or occurrence property damage.

Limits:

The total limits of liability, exclusive of defence costs, for any one occurrence, no matter how many insureds are involved are outlined in your policy.

General Coverage Description for Clubs:

The Clubs and their members duly registered with the **Ontario Track and Field** are protected against its legal liability for actual bodily injury or occurrence property damage to participants, spectators and other members of the public and to their property arising from organizational activities and events usual to the sport.

The Clubs and their members duly registered with the **Ontario Track and Field** are also protected against such injury or damage caused by directors, participants, coaches, other club members and volunteers while acting on behalf of the Club.

Examples of situations that the policy would normally respond to are:

- suits by spectators and/or other non-participants should they suffer injury caused by negligence of any named insured and/or insured person
- suits by participants, coaches, instructors, officials, etc. against any insured and/or insured persons
- use of rented premises for meetings, practices and meets

Deductible: There will be a \$1,000.00 deductible for any property damage caused by the negligence of the insured, the additional insureds or the additional insured persons.

Coverage:

The basic liability policy has been enhanced to include:

Elevator coverage, owners protective liability, products and completed operation, voluntary medical payments, blanket written contractual liability, cross liability, incidental medical malpractice, pollution liability exclusion endorsement, advertising injury liability endorsement, non-owned automobile, blanket tenants legal liability, personal injury endorsement, broad form property damage endorsement, world wide liability protection as well as legal liability for bodily injury or death to spectators and other members of the public and accidental damage to their property arising from any sanctioned activity.

Some examples of liability coverage as added by endorsement:

Voluntary Medical Payments: Reimburses others for their medical expenses if they are injured as a result of club or Provincial Association activities even when not legally responsible. Limits are \$10,000. per person.

Incidental Medical Malpractice: Protection for rendering "first aid" to an injured person in the course of your activities.

Personal Injury: Protection if someone sues for such happenings as false arrest, defamation of character, wrongful eviction, violation of the right of privacy or occupancy, false advertising.

Non-Owned Automobile: Protection against legal liability arising from an accident when someone is driving his or her own vehicle on behalf of the Provincial Association, Club or team. Coverage is for the **legal entity** not the person driving the vehicle. NOTE: We strongly recommend the individual person purchase additional coverage to protect him or herself. If renting a vehicle, we strongly recommend that additional coverage be purchased through the rental agency (minimum of \$2,000,000 Liability Coverage).

Liquor License Liability: Protection against legal liability imposed by the Liquor License Act of the province when hosting an event that includes serving alcoholic beverages. Special Liquor Permit Required and for ANNUAL BANQUETS ONLY.

Cross Liability: Protection if one insured person sues another for injury or property damage. i.e. a participant can sue a club or The Provincial Association. This clause will not increase the amount of insurance payable for any one occurrence.

Blanket Tenants Legal Liability: All insureds are protected on an all risk basis, should they damage any premises that they temporarily rent for related activities, such as a hall for year end banquet, or that you rent or lease office space or a facility for your own use only, or exhibition and/or booths. There is a \$500.00 per loss deductible that applies to this coverage.

Territorial: You must check the Territorial Classification (Canada or Worldwide).

World Wide Liability Protection: You are protected if you or any other insureds decide to take a team or group of teams off the North American Continent except the suit must be filed in Canada. NOTE: This coverage is limited, therefore we strongly recommend the group or team purchase additional travel insurance, which is offered by THE MARKETPLACE INSURANCE.

Directors & Officers Protection: Protects the organization and/or its member groups and their Directors, Officers, Coaches and Volunteers for legal liability arising from an act of negligence while such director, officer, coaches or volunteers are in the course of performing their duties as such.

***** For Directors & Officers Liability Protection - see Optional Program.**

SECTION THREE:

**SPORTS TEAM GROUP ACCIDENT
(TERRITORIAL LIMITS OF POLICY – CANADA ONLY)**

Compulsory Policy:

This outline is not a contract of insurance. It is merely a brief description of the various coverage's. In all cases the provisions of the actual policy riders shall prevail.

Should a member of your Club become injured while participating in a sanction activity ... you could feel seriously obligated.

We want to help remove this worry by providing a sports group accident insurance policy, which provides injury protection during competitions, practices and team travel. The plan covers all participants, managers, managers, coaches, officials and others who are active members of the **Ontario Track and Field** and participating in the sport at the time of accidental event.

Under the plan there is no limit to the number of accidents covered per member or team and for each separate accident the plan pays the following:

Schedule of Benefits Section

- Up to \$10,000. In the event of Accidental Death occurring within 52 weeks of the accident.
- Up to \$20,000. In the event of Accidental Dismemberment (Scheduled) occurring within 52 weeks of the accident The schedule includes Quadriplegia, Paraplegia, Hemiplegia, Loss of Speech or Hearing, Loss of use of hands or arms or one arm or leg.
- Up to \$1,000. For dental treatment resulting from injury to whole and sound natural teeth and received within 52 weeks of the accident.
- Up to \$10,000. For accident medical expense, including cost of prescription drugs, ambulance, physiotherapy, private duty nurses (R.N.) - crutches, splints, braces, trusses, wheel chairs and iron lungs, incurred within 52 weeks of the accident. **(WHILE IN CANADA)**

Extension of Coverage Section

The following coverage's are payable in addition to those indicated above:

- Up to \$500. For fractures (scheduled) incurred while participating in an individual or team activity.
Fracture coverage
- Tuition Fees Up to \$20.00 per hour to a maximum of \$2,000.00 is available to cover tuition fees if the insured person within 30 days of the accident is confined to his residence or a hospital bed.
- Emergency Taxi Benefit Up to \$50.00 per insured person per accident is available to pay for the transportation of the insured to and from a doctor's office or nearest hospital.

- Special Treatment Up to \$1,000. is available to pay for travelling costs for Travel Expense: special treatment incurred within 52 weeks of an accident, if over 160 km one-way.
- Rehabilitation For up to 156 weeks after an accident, up to \$3,000.00 in total is available to cover retraining costs (except living and/or travelling expenses) made necessary because the insured can only work at a special job because of the injuries he suffered.
- Indemnity

Special Limitations

- all amounts are payable in Canadian Funds only
- aggregate limit: \$2,000,000. per occurrence.
- Endorsement No.1 (attached)

Exclusions

Losses excluded include:

- sickness or disease, aircraft travel unless a fare-paying passenger, repair or replacement of artificial teeth, dental x rays, masseur fees, professional athletes, war risks, radio active risks.
- benefits payable under Provincial/Federal Hospital plans or losses payable under Workmen's Compensation.
- benefits payable under Provincial/Federal Hospital plans
- disability unless under treatment by a qualified physician
- no coverage is afforded to any professional athlete.

NOTE: THIS IS NOT A WAGE OR SALARY REPLACEMENT PROGRAM.

SECTION FOUR:

CLAIMS PROCEDURE

For Compulsory Policy

Liability Section:

1. All Clubs will report all claims to **CLUB NAME** who in turn will submit them to **THE MARKETPLACE INSURANCE and Financial Services Inc.**
1. You will have to give the legal name of your Club in the event of a claim.
2. The **Ontario Track and Field** will inform **THE MARKETPLACE INSURANCE and Financial Services Inc.** that you are covered under a Master Insurance Policy.
4. All Liability Claims must be reported to the **Ontario Track and Field** within 48 Hours of receiving notice of potential legal action. Give all details and documentation regarding the claim to the **Ontario Track and Field**.
5. Do not seek legal counsel or give out any information except to authorized agent of the Insurance Company of **Ontario Track and Field**

Sports Accident Section:

1. The **Ontario Track and Field** will have distributed copies of this form to all of their Clubs. All members who wish to submit a claim under the Sports Accident section of the policy and who do not have a claim form will contact the **Ontario Track and Field** and obtain a claim form or package to submit the claim.
2. The Club will have the claimant complete this form as required and send it directly to the **CLUB NAME** office.
3. Attention: **INSURANCE CO-ORDINATOR OF SPORTS PROGRAM**

**Ontario Track and Field
1185 Eglinton Ave E
North York, ONTARIO, M3C 3C6**

() -
(416) 426-7215

SECTION FIVE:

OTHER RELEASES

5:1 COACHES/PARTICIPANTS DATA SHEET (FOR CLUB USE ONLY).

This is a form that team/club representatives and/or club coaches have found to be an important part of their athlete's file. In the event of an injury while participating in events, the information provided can be of assistance to attending medical staff.

5:2 WORDS OF ADVICE FOR COACHES.

General information regarding the standard of care required of a coach while supervising athletes under his/her control.

5:3 ACCIDENT REPORT FORM.

One mandate of the THE MARKETPLACE INSURANCE is to maintain a long-term research study with regards to injuries.

The co-operation of the athletes, coaches, administrators of clubs in completing and submitting the Accident Incident Report Form will allow us to assess areas that might jeopardize your safety programs and assist us in working towards a safe participation for your athletes.

5:4 SPORTS ACCIDENT CLAIM FORM.

This form will be distributed by the clubs to injured participants on request. Please note it is very important that this form be completed correctly, to prevent any delays in the settlement of a claim. Should you have any problems or questions in regards to the form, please contact the **Ontario Track and Field** office.

5:5 CERTIFICATE OF INSURANCE

When necessary the **Ontario Track and Field** office will provide the member club with a Certificate of Insurance. In some cases a member club requires proof of liability coverage for the temporary leasing or use of a facility for club activities or other club functions.

For more information contact **THE MARKETPLACE Insurance and Financial Services Inc.** office at 905-688-4080 or 1-800-294-0655

5:6 SPECIALTY OPTIONAL COVERAGES AVAILABLE AT ADDITIONAL PREMIUM:

Contact THE MARKETPLACE INSURANCE office for advice on:

- 1) The "OPTIONAL INSURANCE HANDBOOK" for the specialty optional insurance programs
- 1) Information with regards to Travel Insurance while travelling outside of Country or Province and the need for this coverage
- 2) Information with regards to Directors & Officers Liability and the potential requirement for this coverage by clubs. A package of information is available for those clubs that may think that they require this coverage.

Contact Persons:

Carol Wylie
905-688-4080
1-800-294-0655

or

Sheldon Rodgers, CIM
905-688-4080
1-800-294-0655
Email: srodgers@om.aibn.com

Web site: www.themarketplaceinsurance.com

PARTICIPANTS DATA SHEET FOR COACHES

Name of Coach		
Address - # & Street	City, Province	Postal Code
Phone Number ()	E-mail address	

The following information is important to help your son or daughter have an enjoyable time and also allow the coach to be more knowledgeable about your son or daughter.

Name	Nick Name	Health Card #
Address - # & Street	City/Province	Postal Code
Phone Number ()	E-mail address	
Birth Date (mm / dd / yyyy)	Weight	Height
Family Doctor		Phone Number ()

Has your doctor given permission for your son or daughter to participate in this sport? YES ___ NO ___

If No, Why _____

Any other health problems or allergies, please explain:

NOTICE OF WARNING:

There is a potential risk for injury involved in training and participating in any sport. The **Ontario Track and Field** has tried to create a safe and controlled environment for safe participation. The Club and officials have established rules in conjunction with the governing body for participation and conduct on and about the area that should be followed.

Waivers of Liability are recommended and we have attached a sample for your use.

Signature of Legal Guardian or Parents

Date Completed

Print Name of Legal Guardian or Parents

WORDS OF ADVICE FOR COACHES

Risk is a natural part of life and therefore a part of many sports. There is always a risk of injury when participating in sports. Because of this risk of injury there is also a risk of a lawsuit. The lawsuit in many cases will have to be proven on an unintentional tort (negligence) against you or the club. If so, in order to prove that negligence occurred, the injured party must establish three facts:

- damages were sustained
- duty relationship existed between the parties
- the conduct of the negligent party was below an acceptable standard of care

Here in Canada we do have a defence in sport called the "Volenti Doctrine". The courts have recognized and understand that in any sport there are risks, which are "obvious", i.e. "foreseeable" and "necessary". In other words, the risk of minor injury or injury is both foreseeable and necessary if one is to learn the sport. The risk of receiving blows to the body are both foreseeable and necessary to boxing, football, soccer, rugby, hockey or any other bodily contact sports if one is to accomplish the end result of the sport.

Nevertheless, in the case of an accident or injury you must understand and conduct yourself in the standard of care required by the situation. Therefore if your participant is injured, then:

- secure proper medical attention immediately
- if injury is serious, notify or transport individual to the nearest hospital
- make sure you have coaches/participants data sheet
- notify parents and follow-up on condition

The Last Word:

Since *Williams v. Eady* (1893), the legal precedent was set that an individual (coach) owed a duty to act as the "careful parent of a large family", a concept adopted almost universally since then to present day.

The ruling was, "Once a youngster had become hurt, would not a prudent father want to know how and why his child had become hurt in order to avoid the same kind of risk to another child? I think he would have."

Therefore, as a coach it is paramount that supervision of activities under your control are directly related to the complexity of the training session at hand. The rule of thumb is how much supervision would you give, if it were your child?

Your answer to this question should dictate your actions.

SPORT ACCIDENT PROGRAM OVERVIEW

Eligibility:

To be eligible for insurance all members shall be participating as players, managers, coaches, trainers, executives, officials or volunteers in practice or competition in the sport under the supervision and direction of the **Ontario Track and Field** and its sanctioning of the activity.

Notice of PROOF of CLAIM:

Furnish to the **Ontario Track and Field** or its representatives on forms provided, Sport Accident claim form within 90 days from such date of accident. This form will give the nature and cause of the accident and completed by legally qualified Medical or Dental Practitioner, if required by the insurance company.

Benefits:

Sum Insured:

Loss of life, dismemberment or loss of sight (as per Table)	up to \$10,000.
Permanent Loss/disablement	up to \$20,000.
* Blanket Accident Reimbursement	up to \$10,000.
Rehabilitation	up to \$ 3,000.
Tuition	up to \$ 2,000.
** Special Treatment Travel	up to \$ 1,000.
Out of Province Medical Accident (Inside Canada)	up to \$10,000.
Blanket Dental	up to \$ 1,000.
Fractures	up to \$ 500.

- * - Physiotherapy expenses are limited to \$30.00 per visit to a MAXIMUM of \$300.00 subject to a \$100 deductible
- Knee Braces (Orthotic or otherwise) are limited to **50% of the expense** with a MAXIMUM OF \$300.00 subject to a \$100 deductible.

** Travel must exceed 160 kms one-way to receive medical attention to receive this benefit.

NOTE: All claims must be approved by the **Ontario Track and Field** prior to being paid by the Insurance Company (Insurer). As well this is a second payer program, this means that if you have an employee benefits program at work it pays first, if not, then this program pays first or the differences between the two plans.

Forms: Sport Accident Claim Forms (included in this package)
Other Insurance Declaration Form (included in this package)

Additional Information: Please refer to the "Insurance Handbook" on file with the Club or Team.

SPORT ACCIDENT CLAIM FORM

Claim must be submitted within 90 days of an accident.

To be completed by Player or Parent.

Full Name of Insured Player (first name, middle initial, surname)		Date of Birth (mm / dd / yyyy)
Address		
Sports Association, League or Team Name		
POLICY NUMBER	Accident date	Time AM PM
Location of Accident		
How did the accident occur?		
Name of Witnesses		
Describe nature of injury.		
Name of Doctor	Bus. Phone # ()	
Address of Doctor – # & Street	City, Province	Postal Code
Give dates of all medical treatments.		
If hospitalized, give name of hospital.		
Player Signature	Parent Signature	Date (mm / dd / yyyy)
Player Name – print	Parent Name – print	Phone ()
IMPORTANT: ALL BILLS FOR WHICH COVERAGE EXISTS UNDER THE POLICY MUST BE SUBMITTED IN THE EVENT OF A DEATH CLAIM. A CERTIFIED COPY OF THE DEATH CERTIFICATE MUST BE SUBMITTED.		
<u>MEDICAL REPORT AUTHORIZATION</u>		
In connection with injuries sustained by _____ (Name of Player) as a result of an accident occurring on _____, 20____ at or near _____ (Location).		
This is your authority to provide the insurance company with <ol style="list-style-type: none"> 1) A report including Diagnosis, History of Treatment and Prognosis and 2) To allow an inspection of all hospital records related to injuries received in the accident. 		
Player or Parent Signature		Date (mm / dd / yyyy)
MANDATORY ***** HAVE THE FOLLOWING SECTION COMPLETED BY ATTENDING PHYSICIAN.		
1) Extent of injury		
2) Description of treatment		
3) Future treatment (if any)		
Physician's Signature	Physician's Name – print	Date (mm / dd / yyyy)
IF THERE IS A CHARGE FOR COMPLETING THIS FORM, IT IS THE RESPONSIBILITY OF THE PATIENT.		
PLEASE REMIT TO:		

OTHER INSURANCE DECLARATION

The Insurance Policy as purchased by your sports organization provides for coverage in excess of any private or government medical / dental plan.

If you incur medical or dental expenses as the result of a sports injury, you are required to submit those expenses to your own private medical/dental plan first.

If in the event your personal medical/dental plan does not provide full reimbursement, you are then eligible to submit the amounts of expenses not covered to your sports association for processing.

Please clarify your situation by checking one of the following:

_____ Yes, I have private coverage and will be submitting my claim directly to my private insurers.

_____ Yes, I have private coverage, but I do not believe that they will provide full reimbursement and would ask that you keep my claim open until we receive notification from the private insurers.

_____ No, I do not maintain any private medical/dental coverage. The expenses I am submitting are not covered by any other plan.

If you are a minor then your parents or legal guardian must complete this form on your behalf.

Name – print _____

Signature _____

Date (mm / dd / yyyy) _____

If the claim is being submitted for a minor, please indicate the name.

Name – print _____

**THIS FORM IS TO BE SUBMITTED WITH EVERY SPORTS
ACCIDENT CLAIM FORM, DULY COMPLETED AND SIGNED.**

ACCIDENT INCIDENT REPORT FORM

PLEASE COMPLETE THIS FORM WHENEVER AN ACCIDENT OCCURS WHICH REQUIRES SOME FORM OF MEDICAL ATTENTION. INCLUDES ATHLETES, OFFICIALS, COACHES AND VOLUNTEERS, ETC. THIS FORM MUST ACCOMPANY ANY MEDICAL OR DENTAL CLAIM.

The information which you provide on this form allows us to establish causes of and types of injuries related to soccer as part of a long term research effort to improve preventative measures.

Please indicate activity in which injured person was participating:

- Practice
- Game
- Sanctioned Tournament
- Non-Sanctioned Tournament

Please state whether the activity was: Indoor Outdoor

Name of Injured Person: _____
Surname Given Name

Address: _____

City: _____ Province: _____ Postal Code _____

Phone # () _____ Age _____ Date of Birth _____ Male ___ Female ___

Date of Accident _____ Location of Accident _____

Club Name _____ Address _____

Team Name _____ League Name _____

Age Group: Under 18 _____ Over 18 _____

PLEASE CHECK APPROPRIATE BOX TO DESCRIBE ACCIDENT:

- Collision with another
 Collision with _____ Hit with _____
 Hit from behind Jumping over player
 Trip (no contact) Surface problem
Other: _____

Was a penalty called: YES NO

Against you: YES NO

What Infraction:

- Fighting Roughing Tripping
 Dangerous play Tackling Other _____

PLEASE CHECK EQUIPMENT INJURED PERSON WAS WEARING:

- Shin pads Knee Brace Elbow pads
 Keeper gloves Mouth guard Other: _____

Footwear:

- Boots long studs Boots short studs Running shoes
 Padded keeper shorts Groin protection Other: _____

PLEASE INDICATE TYPE OF INJURY: (this accident)

- Dental Concussion Fracture Bruise
 Muscle pull Sprain (joints) Internal Injury Skin (wound/puncture)
 Torn ligament Dislocation Laceration Torn cartilage

PLEASE INDICATE THE BODY PARTS INJURED: (this accident)

- Knee Hip Teeth Hand Ankle Back
 Face Fingers Foot Spine Neck Upper arm
 Chest Chin Wrist Thigh Eye Achilles Tendon
 Nose Shoulder Elbow Head Calf Collar bone
 Ear Hamstring Thumb Mid Section
 Other _____

OUTDOOR –(this accident):

Position played:

- Striker Winger Midfielder Defender Keeper

Playing surface:

- Grass Clay Wet Dry Artificial Turf
 Other _____

Hazards of playing surface:

- Sprinkler heads Ruts Holes Cans/Litter Glass/Bottles
 Rocks

Goal posts: Wood Metal Square Round

Other Conditions:

- Games played: Morning Afternoon Evening
Weather conditions: Sunny Cloudy Rain
 Other _____

Temperature Celsius:

- Below 0 0-10 10-20 20-25 26-33 plus 33

INDOOR –(this accident):

Playing surface:

- Wood Rubberized Concrete Artificial Turf
 Other _____

Position played:

- Striker Winger Midfielder Defender Keeper

Boards Padded: Yes No

Type of facility:

- School Arena Community Centre Other _____

HOW LONG HAS INDIVIDUAL BEEN ACTIVE IN THE SPORT:

As a player _____ years As a coach _____ years As a referee _____ years

WAS INJURED PERSON TREATED ON SITE OR REFERRED FOR PROFESSIONAL MEDICAL/DENTAL TREATMENT?

On Site: Yes No

If "yes", treated by whom?

Name

Position

Professional medical/dental treatment? Yes No

If "yes" Name of Witness: _____

Full Address: _____

Phone Number: () _____

Submitted by (Signature)

Address

Position

Date

NOTE: IF MAJOR ACCIDENT, REQUIRE FULL WITNESS REPORTS AS WELL AS ALL OTHER REPORTS TO BE FORWARDED WITHIN TWENTY-FOUR (24) HOURS.

Place an "X" at area of injury
(Draw in circles if necessary)

Place an "O" at your net

