

Loss Control Tool

Customer Incident Report



Instructions

If a customer becomes ill or there is an incident on your property, the manager on duty should complete this report immediately. Please file with your insurance agent as soon as possible. Keep a copy for your records. Please print or write legibly!

Business Name:

Customer's Name:

Customer's Address:

Customer's Phone:

Work:

Cell:

Home:

Email Address:

Date of Incident:

Time of Incident: AM PM

Date Notified of Incident *(If different from above)*:

If Outdoor Incident, what were weather conditions?

Location/Address of Incident:

Manager on Duty:

Contact Manager *(If different from above)*:

Description of Incident *(Include details of injury/illness, where and how it happened)*:

Witnesses *(Names, addresses, business and residential phone numbers, email addresses)*:

Customer Incident Report

Additional Comments/Corrective Action Needed:

Don't forget to file this with your insurance agent!

Questions?

Your agent is backed by a company with a reputation for prompt, friendly service. Please contact your agent with any questions regarding this coverage.

A (excellent) rating by A.M. Best Company



Trusted Choice® agencies are dedicated to you and are committed to treating you as a person, not a policy. To learn more about Trusted Choice®, visit www.trustedchoice.com.

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The coverages described here are in the most general terms and are subject to the actual policy conditions and exclusions. For actual coverage wording, conditions, and exclusions, refer to the policy or contact your Central agent.

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