

REPORT INSTRUCTIONS

1. If a paid church employee was injured while on the job that is considered a Workers Compensation claim. **If you need to report an on the job employee injury please contact the Nurse Hotline immediately at 1.844.322.4662**, you will need your church's account number which can be found on your Master Certificate of Insurance.
2. This report is **NOT** to be used to file a Workers Compensation, Automobile or Property claim. If you need to report any of those incidents contact Tiffany Lupo at Sovereign Insurance or the Nurse Hotline immediately.
3. Complete all applicable fields as soon as the church becomes aware an incident has occurred. Attach additional sheets if necessary.
4. Keep a copy of this report on file at the church and send a copy to Sovereign Insurance as soon as possible. Also include all supporting documentation (medical bills, letters, etc.) if they are available at the time you become aware of the incident.
5. This report is only to be used for accidents that occur on or off church property as a result of the church's owned and controlled groups or events.
6. **This report is for recording purposes only, the completion and submission of this form is not an admission of liability/guilt or guarantee of coverage.**
7. Any questions please contact Sovereign Insurance at:

Tiffany Lupo, CIC
Senior Account Manager
phone 800.222.4478 ext. 3389
email TiffanyL@sovinsurance.com
fax 610.535.6810



Date Report Completed: _____

Church Name: _____ Conference#: _____

Incident Information:

Address Where Incident Occurred: _____

Building: _____ Date & Time: _____

Name of Person(s) Involved or Injured (include parent/guardian if they are a minor): _____

Injured Person's Age: _____ Injured Person's Sex: Male Female

Injured Person's Address: _____

Injured Person's Phone Number: _____

What were the conditions like at the time of the injury (i.e. wet floor, raining, snow/ice buildup)*: _____

**if you have any pictures showing the conditions that existed at the time of the incident occurred please include them with this report*

If hazardous conditions did exist were there any signs or warnings alerting people to the adverse conditions, such as a wet floor sign? Yes No

If yes describe what was posted/displayed: _____

What was injured person doing, how did the accident occur, & what injuries were sustained? _____

Witnesses Name & Phone Number: _____



Report Completed By: _____

Title: _____ Phone Number: _____

E-mail: _____

Signature: _____

Do you want to submit a claim to your insurance carrier for this incident, or do you want this report to be kept on file for record purposes only (no claim to the carrier will be reported)? File a Claim Record Purposes Only

Church Contact (if the same as reporter please leave blank):

Name: _____

Phone Number(s): _____

E-mail: _____

THIS REPORT IS NOT AN ADMISSION OF LIABILITY OR GUILT AND IS NOT A GUARANTEE OF COVERAGE