

REPORT OF ACCIDENT TO THE PUBLIC (NOT AN EMPLOYEE)

COMPREHENSIVE PERSONAL LIABILITY, OWNERS', LANDLORDS' and TENANTS', CONTRACTORS' and MANUFACTURERS PUBLIC.

PLEASE ANSWER EACH QUESTION FULLY

FORWARD IMMEDIATELY UPON THE OCCURRENCE OF AN ACCIDENT

(If Accident is fatal, or involves serious injury, telegraph or telephone - also state whether an inquest is to be held)

1 Name of Assured _____ 2 Policy No _____
3 Address _____ Street, City _____ State _____
4 Date and hour of accident? _____ the _____ day of _____ 19 _____ at _____ A.M.
_____ (Day of the week) _____ P.M.

5 Location and description of premises at which accident occurred _____
(Please be specific)

6 Is the Assured owner, lessee, tenant or contractor? _____

INJURED PERSON
7 Full name _____ 8 Age _____ 9 Color _____ 10 Sex _____
11 Address in full _____
12 Occupation _____ (If employed show by whom) _____ 13 Nationality _____
14 Where taken after accident? _____ 15 How? _____

INJURIES
16 Nature and extent _____
17 Probable duration and extent of disability _____

18 Cause and manner of occurrence: _____

FULL DESCRIPTION OF ACCIDENT
19 Was accident due to want of care upon part of injured person? If so, how? _____
20 Whose negligence caused the accident? _____
21 What did the injured person say as to cause? _____
22 Who heard the above statement? _____
23 What right did the injured party have on the premises? _____

Table with 4 columns: Name, Address, Name, Address. Header: NAMES AND ADDRESSES OF WITNESSES. Row 24: Name, Address, Name, Address.

A. ANSWER ONLY IN CONNECTION WITH OWNERS', LANDLORDS' and TENANTS' CASES - STOOPS, STAIRWAYS, LANDINGS, CEILINGS, SIDEWALKS, COAL HOLES, ETC.

25 Who is the owner? _____ 26 Who is in control of the premises? _____
27 Who is responsible for inside and outside repairs? _____
28 Was there any defect which caused the accident? (Explain fully) _____
29 If a ceiling case, - what floor? _____
30 What caused ceiling to fall? _____
31 If coal hole was involved, what was its condition? _____
32 Who used the coalhole last? _____

B

ANSWER ONLY WHEN IT IS AN ELEVATOR ACCIDENT

- 33 Location of this elevator is No _____ Street _____ City _____
- 34 Passenger or Freight? _____ 35 Number of elevators in building _____
- 36 Who was responsible for condition of that part of the premises when accident occurred? _____
- 37 For the condition of Elevator? _____
- 38 When was Elevator last inspected? _____ 39 By whom? _____
(Give his official title)
- 40 What alterations or repairs were recommended? _____
- 41 What was condition of Elevator when accident happened? _____
- 42 Who can prove this? _____
- 43 Were any alterations or repairs in progress? _____
- 44 Engineer and attendant employed by? _____
- 45 Name of operator? _____ 46 Address _____ 47 Age _____
- 48 Skilled in this work? (State previous experience) _____ 49 Was light good? _____

C

ANSWER ONLY IN OWNERS' OR CONTRACTORS' CASES ARISING OUT OF BUILDING CONSTRUCTION

- 50 What was the status of the work at the time of the accident? _____
- 51 What guard, lights or other safety devices were at the place of the accident? _____
- 52 Who can prove this? _____
- 53 What agreement exists between owner or contractor and the Assured as to responsibility for such accidents? _____

D

ANSWER ONLY IN MANUFACTURERS' CASES

- 54 What duty did Assured owe injured person? _____
- 55 How could the Assured have prevented the accident? _____
- 56 If damage to property is involved, give details here:
Supply sketch of accident.

DATED AT this day of, 19

Agent Signed Assured

Address By