RISK CONTROL

Risk Control at United Fire Group | riskcontrol@unitedfiregroup.com

Guest incident report

Guest name:_____

Guest address:_____ Phone number:_____

Date of reported incident:_____ Time:_____ ☐ a.m. ☐ p.m.

Description of incident:

Visible injuries (as noted by person completing report):

Injuries as reported by guest:

Location of incident:

_____

Witness' (guests') names, addresses and phone numbers (if none, state so):

Employee eye-witnesses and all other employees working in area:

Action taken by manager/owner of establishment to care for guest (was guest taken to hospital, ambulance called, refused care, received first aid, etc.?):

Photos or security camera image available for review? ☐ Yes ☐ No

Action taken to prevent similar accident? ☐ Yes ☐ No

Name of manager, owner or employee completing report:_____

Signature of manager:_____ Date prepared:_____

UFG Insurance is the marketing name used to refer to United Fire & Casualty Company and its property and casualty subsidiaries and affiliates. This form, supplied by UFG Insurance, merely provides minimum guidelines to follow and may be utilized as a tool for fact-gathering purposes to assist in your investigation. The information requested above is not exhaustive and you should, at your own discretion, request any necessary additional information as the specific situation may warrant.