**CHURCH INSURANCE
COMPANY OF VERMONT**

210 South St, Suite 2
Bennington VT 05201
800-223-5705 – Claims Phone
802-753-1383 – Claims Fax

Non-Employee Incident/Accident Report

Today's Date: _____

Certificate/Policy Number: _____

Insured Name: _____

Address, City, State & Zip Code:_____

Best Contact Person Name/Title: _____

Email Address: _____

*Phone(s):*_____

*Additional comments on contact information*_____

_____

Date of Accident (mm/dd/yy):_____

Address/building where incident occurred: _____

Who was involved (please check one or more as applicable):

☐ **Visitor**
☐ **Minor/Child**
☐ **Student**
☐ **Other**_____

Full Name of Third Party: _____

Address, City, State, Zip code**:** _____

_____

Phone #_____

Email address: _____

Date of Birth: _____

Social Security (or last 4 digits): _____

Medicare Number or Medical Insurance Information:

_____

If under 18 years old, Parent(s)/Legal Guardian(s) name & contact information:

_____

_____

Brief Description of Incident/Accident:

_____

_____

_____

_____

Injury/Treatment Details or Property Damage Details:

_____

_____

_____

_____