



Restaurant, Bar & Tavern **guard**

Incident Report Form

All known incidents are to be reported to your insurance broker immediately.

Please complete this incident report form to the best of your knowledge and forward it to your insurance broker along with photographs of the insured's premises where the incident occurred.

Business Name: _____ Policy Number: _____
 Location of incident: _____ Date of incident: _____
 Specific location (sidewalk, dance floor, etc.) _____
 Do you own or lease the premises? _____ Time of incident: _____

Brief description of the incident:

Date incident was alleged to have occurred? _____ Who reported the incident? _____
 Who was the incident reported to? _____ Date reported to insured? _____
 Were any local authorities notified? _____ If yes, who and by whom? _____

Please list all witnesses to the incident along with their contact information (use additional paper if needed):

Name (first and last)	Address	Mobile phone number

Injured Individuals

Name: _____ Phone number: _____
Address: _____ D.O.B. _____
Description of injuries: _____

Was an ambulance called? Y/N _____ Was the injured party transported to a hospital and if so, what hospital? _____

Name: _____ Phone number: _____
Address: _____ D.O.B. _____
Description of injuries: _____

Was an ambulance called? Y/N _____ Was the injured party transported to a hospital and if so, what hospital? _____

Name: _____ Phone number: _____
Address: _____ D.O.B. _____
Description of injuries: _____

Was an ambulance called? Y/N _____ Was the injured party transported to a hospital and if so, what hospital? _____

Name: _____ Phone number: _____
Address: _____ D.O.B. _____
Description of injuries: _____

Was an ambulance called? Y/N _____ Was the injured party transported to a hospital and if so, what hospital? _____

Name: _____ Phone number: _____
Address: _____ D.O.B. _____
Description of injuries: _____

Was an ambulance called? Y/N _____ Was the injured party transported to a hospital and if so, what hospital? _____

Name and contact information of Individual completing this form: _____

Position or relationship with the insured: _____

Date report is being completed: _____

IMPORTANT INFORMATION

Please review the below information with your managers and employees.

1. Do not discuss this incident with anyone other than your broker, employees of RBTGuard, members of the defense counsel assigned by RBTGuard, or your own personal counsel.
2. Do not discuss this incident with potential witnesses; claimant or plaintiff; and/or claimant/plaintiff's representatives.
3. If someone contacts you regarding this incident and you are not sure whose interests they represent, contact RBTGuard.
4. Do not admit fault to the claimant/plaintiff
5. Do not offer to pay the medical bills of any injured party.

Secure and be prepared to provide RBTGuard the following:

1. Any and all written incident reports and/or witness and employee statements regarding the incident.
2. All video footage from the date of the incident. If the police insist on taking the video be sure to make a copy for safe keeping.
3. Employee rosters from the date of the incident.
4. Contact information for all employees.
5. Documents of alcohol awareness training received by bartenders and /or servers.
6. Documents of security training received by employees.
7. Capacity (number of patrons) and receipts (Liquor and Food) for the date of the incident.
8. Lease agreement in effect on the date of the incident.
9. Maintenance contract with landscapers or snow plowing contractors the date of the incident, including certificates of insurance.