



*A Head for Insurance. A Heart for Nonprofits.*

*Including ALLIANCE OF NONPROFITS FOR INSURANCE (ANI) &  
NONPROFITS INSURANCE ALLIANCE OF CALIFORNIA (NIAC)*

[www.insurancefornonprofits.org](http://www.insurancefornonprofits.org)

## Claims Reporting Procedure

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### REPORT CLAIMS IMMEDIATELY!

There is no negative impact on your policy for reporting an incident.  
When in doubt – report it!

If you have any questions concerning whether to report an incident or claim,  
call your broker.

### HOW DO YOU KNOW WHEN AN INCIDENT REQUIRES A CLAIM TO BE REPORTED?

1. There's been an accident
2. Someone has been hurt
3. Property has been damaged
4. You think someone ought to know "just in case"

### IF YOU NEED TO REPORT A CLAIM:

1. Complete the appropriate reporting form:
  - Driver Accident Report Form – motor vehicle accident
  - Incident Report Form – all other accidents

An original of these forms follows this page of your policy. Additional forms are available at our secure website: [www.insurancefornonprofits.org](http://www.insurancefornonprofits.org).

NOTE: Claims for North American Elite Property Insurance or NIAC Property Insurance do not require a separate form. Your insurance broker will send us an ACORD claim form.

2. Tell your insurance broker to report the claim to our Claims Department by email at: [newclaims@insurancefornonprofits.org](mailto:newclaims@insurancefornonprofits.org)

### EMERGENCY SITUATIONS

If you need to report a claim during **non-business hours** and cannot reach your broker, call 1-866-718-1947. This number should **only** be used for true claims emergencies.



**NONPROFITS  
INSURANCE  
ALLIANCE GROUP**

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## Incident Report Form

### CLAIMS REPORTING PROCEDURE

If you have a question concerning whether to report an incident or claim, call your broker.

**NONPROFIT / INSURED** – Complete all items to the best of your ability, sign and date page 2, and immediately give it to your supervisor.

**Supervisor** – Fax this Incident Report Form to your **insurance broker** immediately.

**Important:** Retain any equipment or furniture which caused or contributed to an injury until it can be inspected by an insurance representative.

**BROKER** – Refer to our website for instructions on claim reporting.

If a claim needs to be reported after business hours or on the weekend, call (866) 718-1947.

This number is reserved for true claims emergencies after business hours and weekends.

### General Information

Name of Nonprofit Organization			ANI/NIAC Policy Number		
Name of Contact			Title		
Nonprofit Address – Street			City	State	Zip
Business Phone # (      )	Ext.	Business Fax # (      )	E-mail Address		

### Incident Information

Date of Incident	Day of Week (circle one) Mon   Tue   Wed   Thurs   Fri   Sat   Sun	Time of Incident AM / PM	Did the incident occur on organization's premises? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location of Incident (if possible, take pictures of the area with a digital or disposable camera)			
Description of Incident (A brief factual account of the incident; include who was involved, how the incident occurred and what action is being taken in response to the incident. Use the back of the sheet if more space is needed.)			

### Witness Information

	Name and Address	Daytime Phone	Email Address	DOB
1.				
2.				

**Claimant Information**

1. Name of Injured Party		DOB	<input type="checkbox"/> Employee <input type="checkbox"/> Client <input type="checkbox"/> Volunteer <input type="checkbox"/> Visitor <input type="checkbox"/> Other -	
Address - Street		City	State	Zip
Home Phone # (   )		Business Phone # (   )		Email Address
Description of Injury (nature and extent of; please be specific):				
Transported by Ambulance <input type="checkbox"/> Yes <input type="checkbox"/> No		Name and Phone # of Hospital or Doctor, if applicable		

**Observations of Nonprofit**

Claimant's Attire/Description of Clothing (i.e., shorts, t-shirt)	Type of Shoes	Was Claimant carrying anything? (if yes, what) <input type="checkbox"/> No <input type="checkbox"/> Yes -
Describe claimant's demeanor when making the report (i.e., agitated, in obvious or no obvious pain, able to move around while describing what happened, etc.)		

*(use the back of the form or attach an additional sheet of paper if needed)***Claimant Information**

2. Name of Injured Party		DOB	<input type="checkbox"/> Employee <input type="checkbox"/> Client <input type="checkbox"/> Volunteer <input type="checkbox"/> Visitor <input type="checkbox"/> Other -	
Address - Street		City	State	Zip
Home Phone # (   )		Business Phone # (   )		Email Address
Description of Injury (nature and extent of; please be specific):				
Transported by Ambulance <input type="checkbox"/> Yes <input type="checkbox"/> No		Name and Phone # of Hospital or Doctor, if applicable		

**Observations of Nonprofit**

Claimant's Attire/Description of Clothing (i.e., shorts, t-shirt)	Type of Shoes	Was Claimant carrying anything? (if yes, what) <input type="checkbox"/> No <input type="checkbox"/> Yes -
Describe claimant's demeanor when making the report (i.e., agitated, in obvious or no obvious pain, able to move around while describing what happened, etc.)		

*(use the back of the form or attach an additional sheet of paper if needed)***PRINT NAME OF INDIVIDUAL COMPLETING THE FORM****SIGNATURE****DATE**