Brotherhood Mutual
Insurance Company

Notice of Injury

Organization	Name: _____ Address: _____
Time and Place of Injury	Date of Injury: _____ Time: _____ ❑ AM ❑ PM Where did it occur? _____
Person Injured	Name: _____ Age: _____ Address: _____ Telephone: _____ Name of parents/guardians (if a minor): _____ Employer: _____ Injuries sustained: _____ Where was injured taken? (hospital/doctor): _____ Relationship to organization: ❑ Member ❑ Visitor ❑ Volunteer ❑ Employee ❑ Student/Camper ❑ Tenant/Resident ❑ Other If injury occurred on insured's premises, for what purpose was the injured on the premises? _____ Who was responsible for supervision at the time of injury? _____ If injury occurred elsewhere, what connection did it have with the insured's operations or activities? _____ Does the injured party have personal medical insurance? ❑ Yes ❑ No Name of medical insurance company: _____
Full Description of Injury	_____ _____ _____ _____
Witnesses	Name: _____ Telephone: _____ Address: _____ Name: _____ Telephone: _____ Address: _____

Signature: _____ Date of report: _____

M109 (7/00)