



BFL CANADA Risk and Insurance Inc.
Claims Department
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Incident Report
GENERAL LIABILITY INSURANCE
(Bodily injury or property damage to third party)
Report every incident promptly to the above-mentioned office

Policy Holder			
Name:	Contact:		
Name of location:	Tel.: ()	ext.	Fax: ()
Full address:			
What control do you have of incident premises:			

Bodily Injury	
Name of person injured:	Address:
Where and by whom employed:	
Nature and extent of injuries:	
Name of doctor or hospital where taken:	
Why was injured on premises?	

Property Damage	
Name of owner:	Tel.: () ext.
Full address:	
Kind of property and extent of damage:	

Description of Incident	
Date of incident:	Time:
Where (Street, City):	
Full description and cause:	

Witnesses
Full names and addresses (include those who inspected location immediately before or after incident as well as those who saw incident):

Policy Holder's Investigation of Incident	
Statement by third party as to cause of incident:	
Complainant's attitude:	Do you think claim will be made?
Is any other party (i.e. tenant, landlord, maintenance, snow-removal contractor, etc.) required to carry insurance covering this type of incident?	
Has this incident been reported to any other party?	
If yes, which party?	Please attach copy of certificate of insurance

Other information or comments

Date of report:

By: _____
Name of individual filling out this report