



Le groupe de compagnies Lorenzetti

COPY TO BFL AND CANADIAN 4-H COUNCIL

BFL Ontario Inc.
Claims department
1565 Carling Avenue, Suite 606
Ottawa, Ontario, K1Z 8R1
Tel.: 613-722-7798
Toll free: 1-888-244-6709
Fax : 613-722-7829
Emergency line : 514-461-4444
E-mail: bhall@bflcanada.ca

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: Click here			

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:	Click here
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? Click here
Is any other party (i.e. tenant, landlord, maintenance, snow-removal contractor, etc.) required to carry insurance covering this type of incident? Click here
Has this incident been reported to any other party? Click here
If yes, which party? Click here . Please attach copy of certificate of insurance

Other information or comments

Date of report:

By: _____
Name if individual filling out this report