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# K&K INCIDENT REPORT

(PLEASE PRINT)

<b>NATURE</b>	<input type="radio"/> BODILY INJURY <input type="radio"/> PROPERTY DAMAGE: <input type="radio"/> OTHER: _____	
<b>TIME &amp; PLACE OF INCIDENT</b>	DATE: _____ TIME: _____ <input type="radio"/> AM <input type="radio"/> PM EVENT NAME: _____ EVENT TYPE: _____ SANCTIONED BY: _____ LOCATION: _____	
<b>HAPPENED TO</b>	NAME: _____ SSN: _____ DATE OF BIRTH: _____ SEX: <input type="radio"/> Male <input type="radio"/> Female            PHONE: (____) _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____	
<b>FUNCTION</b>	AS: <input type="radio"/> ATHLETE <input type="radio"/> PARTICIPANT <input type="radio"/> VOLUNTEER <input type="radio"/> SPECTATOR <input type="radio"/> BYSTANDER <input type="radio"/> OFFICIAL <input type="radio"/> OTHER: _____	
<b>APPARENT INJURY OR DAMAGE</b>	BODY PART: _____ CONDITION: (Laceration, Concussion, Sprain, Fracture, Etc.): _____ <input type="radio"/> ON-SITE CARE ONLY, BY (PHYSICIAN) (EMT) (TRAINER)            OTHER: _____ <input type="radio"/> AMBULANCE, TAKEN TO: _____ CITY: _____ <input type="radio"/> FATALITY	
<b>OCCASION</b>	WHAT WAS THE SITUATION AND EXACT LOCATION AT THE TIME OF THE INCIDENT? _____ _____ _____ _____	
<b>INCIDENT DESCRIPTION</b>	DESCRIBE WHAT HAPPENED: _____ _____ _____ _____	
<b>WITNESSES (If known)</b>	NAME: _____ ADDRESS: _____ PHONE: (____) _____	NAME: _____ ADDRESS: _____ PHONE: (____) _____
<b>INSURED</b>	NAME OF INSURED: _____ POLICY #: _____ CLUB NAME: _____ PHONE: (____) _____ CITY: _____ STATE: _____	
<b>INSURED REPRESENTATIVE</b>	<input type="radio"/> COACH <input type="radio"/> OFFICIAL <input type="radio"/> TRAINER <input type="radio"/> PROMOTER <input type="radio"/> TEAM/LEAGUE REPRESENTATIVE <input type="radio"/> OTHER: _____ NAME: _____ PHONE: (____) _____ TITLE: _____ ORGANIZATION: _____ SIGNATURE: _____ DATE: _____	

**COMPLETE ALL SECTIONS AND FAX OR MAIL IMMEDIATELY TO:**  
**K&K INSURANCE GROUP, INC., P.O. BOX 2338, FORT WAYNE, IN 46801-2338**  
 THIS FORM MUST INCLUDE THE INSURED NAME, POLICY NUMBER, AND SIGNATURE OF THE INSURED/REPRESENTATIVE  
 BEFORE RETURNING OR PROCESSING MAY BE DELAYED