

**SPECIAL EVENT LIABILITY
REPORT OF INJURY OR LOSS NOTICE**

Complete form, keep one copy and send one copy to:	HUB International Ins. Svcs. Inc. 2300 Clayton Rd., #300, Concord, CA 94524 Email: specialevent@hubinternational.com	Phone: 925-609-6500 Fax: 925-609-6550 Licence #0757776
Facility Owner:		
Event Holde/Memberr:	Name	
	Address:	
	Phone #:	
Place of Accident:		
Name of Facility, if applicable:		
Date and Time of Accident:	Date:	Time:
Injured Person:	Name:	
	Address:	
	Phone #:	Approx. Age: SSN:
Injuries:	Cause of Injury:	
	Nature & Extent:	
	Attended by:	
Damage to Property of Others:	Name/Address of Owner:	
	Phone:	
	Description of Damage:	
Description of Accident or Loss:	Describe fully how accident or loss happened (use reverse, if needed).	
	Did any unsafe condition of premises cause accident? Describe.	
	Did any unsafe act of employee, volunteer or guest cause accident? If yes, describe:	
Witness:	Name:	
	Address:	
	Phone #:	
Attachments:	1. Contract between you & Eventholder 2. Certificate issued to the Eventholder 3. Photos	
Date of Notice:		By (Person Making Report):