

Important

This form contains the information necessary to investigate potential liability claims. Please provide as much detail as possible and forward the completed form to Gallagher Bassett Services. Upon receipt, Gallagher Bassett Services will coordinate handling and claim adjustment.

CLAIM PROCEDURES

Serious accidents and all lawsuits should be immediately reported to:

Gallagher Bassett Services, Inc.

Office: 1-800-962-7088

FAX: 1-800-223-7006

GB-Oakbrook_Terrace-Mail@gbtpa.com

[Mailing Address]

P.O. Box 7110

Oakbrook Terrace, IL 60181-7110

[Location]

Executive Towers West II

1411 Opus Place, Suite 400

Downers Grove, IL 60515

Any claim made by an employee injured on the job should be reported to the Lodge's Workers Compensation insurance company, not Gallagher Bassett Services. Any other claim made by an employee for alleged wrongdoing should be reported to the Lodge's Directors and Officers insurance carrier.

All Lodge officers/managers and State Associations now have access to the *Gallagher Bassett Accident Report Form* at www.elks.org/resources/accident/. This form can be printed and saved or submitted directly to Gallagher Bassett Services via e-mail with the "Submit to Gallagher Bassett" button located at the bottom of the fillable form (a sample form is also available on opposite page).

Applicable in California

For your protection, California Law requires the following to appear on this form:

It is unlawful to:

- (a) Present or cause to be presented any false or fraudulent claim for the payment of a loss under a contract of insurance.
- (b) Prepare, make or subscribe any writing, with intent to present or use the same, or allow it to be presented or used in support of any such claim.

Every person who violated any provision of this section is punishable by imprisonment in the state prison, or by fine not exceeding one thousand dollars (\$1,000) or by both.

Applicable in Florida, Idaho, and New York

Any person who Knowingly and with intent to Injure, Defraud, or Deceive any Insurance Company Files a Statement of Claim Containing any False, Incomplete or Misleading information is Guilty of a Felony*+

* In Florida - Third Degree Felony

+ In New York - Insurance Fraud:

In Third Degree – Class A Misdemeanor

In Second Degree – Class E Felony

In First Degree – Class D Felony

Immediately after an accident, fill out this form and send to:



GALLAGHER BASSETT SERVICES, INC.

(See Claim Procedures on previous page for Complete Instructions)

ACCIDENT REPORT



THIS ACCIDENT RESULTED IN:

BODILY INJURY

PROPERTY DAMAGE ONLY

(Please fill in all spaces — This form is to be completed by Lodge Management, **NOT** by the Claimant)

CLIENT: B. P. O. ELKS

LODGE #	LODGE NAME	ADDRESS		
CITY	STATE	ZIP CODE	PHONE	
E-MAIL		ALTERNATE PHONE		

CLAIMANT

NAME	AGE	PHONE	E-MAIL	
ADDRESS	CITY		STATE	ZIP CODE
OFFICIALS CALLED TO THE SCENE	<input type="checkbox"/> POLICE	IS CLAIMANT		<input type="checkbox"/> AN ELKS MEMBER?
	<input type="checkbox"/> FIRE DEPT.			<input type="checkbox"/> A LODGE EMPLOYEE?
	<input type="checkbox"/> AMBULANCE			<input type="checkbox"/> RECEIVING ANY COMPENSATION?

DETAILED DESCRIPTION OF INJURY/LOSS (What Happened?)

DATE OF INJURY/LOSS	TIME OF INJURY/LOSS	AM <input type="checkbox"/>	WHERE DID INJURY/LOSS OCCUR? (parking lot, kitchen, bar, etc.)
		PM <input type="checkbox"/>	

DID INJURY/LOSS OCCUR DURING RENTAL EVENT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF "YES," DID RENTER PROVIDE INDEMNITY/EVIDENCE OF INSURANCE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

WITNESSES

NAME	PHONE	E-MAIL	
ADDRESS	CITY	STATE	ZIP CODE
NAME	PHONE	E-MAIL	
ADDRESS	CITY	STATE	ZIP CODE

LODGE OFFICER OR MANAGER WHO COMPLETED FORM

NAME	TITLE		
DAYTIME PHONE	WHEN TO CONTACT	E-MAIL	
	A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>		
DATE OF REPORT	SIGNATURE		

CLAIMANT IS NOT TO COMPLETE/SIGN/SUBMIT REPORT.