



Western Specialty Insurers, LLC
P.O. Box 310
Pleasant Hill, MO 64080
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PLEASE COMPLETE THE FORM AND FORWARD TO WESTERN SPECIALTY INSURORS, LLC

General Liability Incident Report

Insured Name _____
Address _____
City, State, Zip _____

Contact Information

Name _____
Phone _____ Email _____ Fax _____

Occurrence _____ Date of Incident _____

Location of Incident (include city & state) _____

Description of Occurrence (use separate sheet if necessary) _____

Injured/Property Damage

Name & Address of injured person or owner of damage property _____

Phone Number of injured person or owner of damage property _____

Describe Injury _____

Where was injured person taken? _____

Describe property damage _____

Witnesses

<u>Name</u>	<u>Address</u>	<u>Phone</u>