

## Western Specialty Insurors, LLC

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Raymore, MO 64083  
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[info@rodeoins.com](mailto:info@rodeoins.com)



### GENERAL LIABILITY INCIDENT REPORT

PLEASE COMPLETE THE FORM AND FORWARD TO WESTERN SPECIALTY INSURORS, LLC

Insured's name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ 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]: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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#### **Injured/Property Damage**

Name and address of injured person or owner of damaged property: \_\_\_\_\_

\_\_\_\_\_

Phone number of injured person or owner of damaged property: \_\_\_\_\_

Describe injury: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Where was injured person taken: \_\_\_\_\_

Describe property damage: \_\_\_\_\_

\_\_\_\_\_

#### **WITNESSES**

Name:	Address, City, State, Zip	Phone