



## Customer Incident Report

Instructions: Complete this report with as much detail as possible and email to: [crumandforsternol@cfins.com](mailto:crumandforsternol@cfins.com) or fax to 1-877-622-6218. If you have questions or would like to report by telephone, call 1-800-690-5520. This report is company property and should not be signed by the customer, nor should a copy be given to anyone outside the company.

### BUSINESS CONTACT INFORMATION

Named Insured:		Policy #:	
Contact Name:	Title:		
Store Location: Address:	City:	State:	Zip:
Phone #:	Fax #:	E-mail:	
Manager or Asst. Manager's Name:		Manager Phone #:	

### INJURED CUSTOMER INFORMATION

Date of Injury:	Time of Injury: <input type="checkbox"/> AM <input type="checkbox"/> PM	Weather Condition:	
Name of Injured Person:	DOB: / /	SS#:	Sex: <input type="checkbox"/> F <input type="checkbox"/> M
Address:	City:	State:	Zip:
Phone #:	Work Phone #:	E-mail:	

### INCIDENT INFORMATION

Where did the Incident occur?			
Briefly describe Incident.			
Describe Injury (Including Body Area/Part)			
Type and condition of footwear?			
Walking Surface/Floor/Floor Mat Condition?			
Video and/or Photos saved/taken of the Incident?			
Last time the area was inspected by company personnel?	Date: / /	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM	Documented: <input type="checkbox"/> Yes <input type="checkbox"/> No
Police/EMT/Fire Dept. Responded? <input type="checkbox"/> Yes <input type="checkbox"/> No	Responding Agency:		
Area where the Incident occurred controlled by?	<input type="checkbox"/> Store Owner <input type="checkbox"/> Landlord		

### LANDLORD INFORMATION (applicable if the property is leased)

Contact Name:	Title:		
Address:	City:	State:	Zip:
Phone #:	Fax #:	E-mail:	

### WITNESS INFORMATION (Employees/Non-Employees)

Name:	Address:	City:	State:	Zip:	Phone:
Name:	Address:	City:	State:	Zip:	Phone:
Name:	Address:	City:	State:	Zip:	Phone:

### REPORT COMPLETED BY

(PRINT)	(SIGNATURE)	Date: / /
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**Applicable in Arizona**

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**Applicable in Arkansas, Delaware, District of Columbia, Kentucky, Louisiana, Maine, Michigan, New Jersey, New Mexico, New York, North Dakota, Pennsylvania, South Dakota, Tennessee, Texas, Virginia and West Virginia**

Any person who knowingly and with intent to defraud any insurance company or another person, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and [NY: substantial] civil penalties. In DC, LA, ME, TN and VA, insurance benefits may also be denied.

**Applicable in California**

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in stateprison.

**Applicable in Colorado**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insuranceproceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in Florida and Idaho**

Any person who Knowingly and with the 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

**Applicable in Hawaii**

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**Applicable in Indiana**

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

**Applicable in Minnesota**

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**Applicable in Nevada**

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

**Applicable in New Hampshire**

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**Applicable in Ohio**

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Applicable in Oklahoma**

**WARNING:** Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.