



**U.S. Rotary Club & District General Liability Insurance Program  
Claim Report Form**

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**Instructions**

Complete and return this form by mail, fax, or email along copies of any pertinent documents (medical invoices, newspaper articles, police report, etc.) to:

**Rotary International**  
Risk Management Department/FI200  
1560 Sherman Avenue  
Evanston IL 60201  
**Fax:** (847) 866-6632    **Email:** [insurance@rotary.org](mailto:insurance@rotary.org)

**Club or District Information**

Club Name and Number		District Number	
Contact Name		Contact Phone Number	
		Contact Fax Number	

**Occurrence/Incident**

Incident Date		Incident Time		Incident Location	
Incident Description					

**Claimant**

Claimant Name		Claimant Phone	
		Claimant Facsimile	
Occupation		Gender	Age
Claimant Address		City, State & Zip Code	

Description of injury or property damage			
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What was claimant doing at the time of injury?			
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Has a police report been filed?	<input type="checkbox"/> No	<input type="checkbox"/> Yes. Please forward copy of the report with the claim form.
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**Witnesses (use additional paper for additional witnesses)**

Witness 1 Name		Witness 1 Phone	
Witness 1 Address			
Witness 2 Name		Witness 2 Phone	
Witness 2 Address			

**Other Information**

	Today's Date	
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