

LIABILITY INCIDENT REPORT

Insured's Name: City of West Lafayette

Policy Number: PE4616192

Location of incident: Street Address: _____

City, State, & Zip Code: _____

Date of incident: ___/___/___ Time ___:___ AM or PM

Injured party/Property owner: Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

E-mail: _____

Description of damaged property or injury: _____

Authority contacted (if applicable) _____

Describe what took place _____

Witnesses: _____

Name of Person Submitting Report

Completed report needs to be submitted to Jenni Duff at MBAH Insurance, PO Box 5609, Lafayette, IN 47903, faxed to (765) 742-7486 or e-mailed to jduff@mbah.com. For questions, please call (765) 420-1342.