

**HOME SCHOOL INSURANCE SOLUTIONS  
GENERAL LIABILITY AND DIRECTORS & OFFICERS INSURANCE INCIDENT REPORT**

If an incident occurs which you feel could lead to you being a defendant in a lawsuit or legal action could result, take time **immediately** after the occurrence to write down the details of the incident on this form. Because some incidents for which you may be held accountable may not take the form of a lawsuit or legal action for several months, you protect yourself by writing down the important facts of the incident on this form immediately after they occur. **Use additional paper if necessary.**

**NAME OF ORGANIZATION** \_\_\_\_\_ Home School Legal Defense Association \_\_\_\_\_

**NAME OF GROUP** \_\_\_\_\_

**POLICY NUMBER** \_\_\_\_\_ **MEMBERSHIP NUMBER** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PHONE (home)** \_\_\_\_\_ **(work)** \_\_\_\_\_

**Other organization(s) involved with this incident** \_\_\_\_\_

**Date of Incident** \_\_\_\_\_ **Time of incident** \_\_\_\_\_

**Incident Location** \_\_\_\_\_

**Names of those involved** \_\_\_\_\_

**Witnesses present (include address & phone number)** \_\_\_\_\_

**Describe Incident (use separate sheet if necessary)** \_\_\_\_\_

**Name & position of person completing this report** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\*\*\*\* MAKE A COPY OF THIS REPORT FOR YOUR RECORDS \*\*\*\*

Send original report to:

Home School Insurance Solutions  
C/o Special Markets Insurance Consultants  
ATTN: Claim Department  
2615 Post Road  
Stevens Point, WI 54481

03/15/05