



# INCIDENT REPORT

<b>AGENCY</b>  <b>EQUIDAE INSURANCE</b> 608 Virginia Street East, Suite 302 Charleston, WV 25301  (304) 346.1198 <i>phone</i> (304) 345.3535 <i>fax</i>  info@equidaeinsurance.com www.equidaeinsurance.com	<b>DATE OF OCCURRENCE AND TIME</b>	<b>AM</b>  <b>PM</b>	<b>DATE OF CLAIM</b>	<b>PREVIOUSLY REPORTED</b> <table border="1"><tr><td>YES</td><td>NO</td></tr></table>	YES	NO
	YES	NO				
	<b>POLICY NUMBER</b>  APK E434343	<b>EFFECTIVE DATE</b>  3/5/19	<b>EXPIRATION DATE</b>  3/5/20			
<b>POLICY HOLDER</b>  <b>UPHA</b> 4059 Iron Works Parkway Suite #2 Lexington, KY 40511 859.231.5070 <i>phone</i> (859) 255-2774 <i>fax</i>						

<b>EVENT INSURED</b>		<b>CONTACT</b>	
<b>NAME AND ADDRESS</b>		<b>NAME AND ADDRESS</b>	
<b>CELL PHONE</b>		<b>CELL PHONE</b>	<b>RESIDENCE PHONE</b>
<b>BUSINESS PHONE</b>			
<b>E-MAIL ADDRESS</b>		<b>E-MAIL ADDRESS</b>	
		<b>WHERE TO CONTACT</b>	
		<b>WHEN TO CONTACT</b>	

<b>OCCURRENCE</b>	
<b>LOCATION OF OCCURRENCE</b> (Include city & state)	<b>AUTHORITY CONTACTED</b>
<b>DESCRIPTION OF OCCURRENCE</b> (Use separate sheet, if necessary)	

<b>INJURED/PROPERTY DAMAGED</b>			
<b>NAME &amp; ADDRESS</b> (Injured/Owner)			<b>PHONE</b>
<b>AGE</b>	<b>SEX</b>	<b>OCCUPATION</b>	<b>PHONE</b>
		<b>EMPLOYER'S NAME &amp; ADDRESS</b>	
<b>DESCRIBE INJURY</b>		<b>WHERE TAKEN</b>	<b>WHAT WAS INJURED DOING?</b>
<input type="checkbox"/> <b>FATALITY</b>			
<b>DESCRIBE PROPERTY</b> (Type, model, etc.)	<b>ESTIMATE AMOUNT</b>	<b>WHERE CAN PROPERTY BE SEEN?</b>	<b>WHEN CAN PROPERTY BE SEEN?</b>

<b>WITNESSES</b>			
<b>NAME &amp; ADDRESS</b>		<b>BUSINESS PHONE (A/C, No, Ext)</b>	<b>RESIDENCE PHONE (A/C, No)</b>
<b>REMARKS</b>			
<b>REPORTED BY</b>	<b>REPORTED TO</b>	<b>SIGNATURE OF INSURED</b>	<b>SIGNATURE OF PRODUCER</b>

**AFTER THIS FORM IS COMPLETED, FAX FORM TO UPHA AT 859-255-2774.**

For after-hours reporting (Hours other than 9 am – 5 pm, Monday through Friday,  
call Great American Insurance at 800-567-7359 or Equidae Insurance at 304-545-7371.