How to File a Liability Claim

A member or guest has been injured or has informed you that they would like to make a claim against your club. The following is a step by step guide for filing a claim. Please have all staff members become familiar with these procedures.

- 1) Take immediate steps to make sure that the injured party is O.K. Provide medical attention as needed. If the injury is serious, call 911 immediately.
- 2) Document Everything: The acting manager is to complete the "Club Incident Form" immediately. Regardless of how minor the incident or accident appears, you still need to complete the incident report.
- 3) Witnesses? Make certain that you ask any witnesses (other members or staff) to also complete a "Witness Report Form". Again, complete the report at the time of the incident.
- 4) It is not necessary for the injured party to fill out an incident report. However, if the person wants to complete a report, by all means, let them fill out the "Club Incident Report" and include their report with yours.
- 5) Submit the "Club Incident Report" and "Witness Reports" as soon as possible along with a copy of the injured person's membership agreement or signed waiver to your agent/representative.
- 6) You may want to write a separate letter detailing the events or any other information that may be of interest concerning this claim. For example, if the injured person is well known or a long time member of the club and has indicated that they are "O.K.", let us know that you do not expect any problems. Conversely, if you feel that the incident could turn into a "problem", we would like to know your opinion as to the disposition or attitude of the injured party.
- 7) Be sure to follow up with the injured person the next day to see how they are doing. Common courtesy can go a long way toward protecting your relationship with the injured party and help retain them as a long-term member.
- 8) For your protection, document all conversations with the injured party and put your notes in their file.
- 9) Acts of kindness toward an injured member does not constitute admission of guilt. Should you decide to extend a free two-month membership at the end of their agreement, send flowers, offer a free personal training session, by all means do so. Remember the Golden Rule. Treat others as you wish to be treated.
- 10) Contact your agent/representative immediately if you have any questions about claim filing procedure.

***PLEASE RETURN FORM TO NEAL REINIG

Neal@theinsuranceguy.com Phone: 800-668-2340 x 2

Cell: 720-227-3634 Fax: 303-800-0548

CLUB INCIDENT REPORT

(TO BE COMPLETED BY ACTING MANAGER)

(FORM #2B)

Name of Club: Club Address: Name of person completing this form: Your job description: Date of Accident:/Time of the Incident::AM / PM Name of Injured Person:Age:Sex: Injured Person's Address: City:State: _Zip: Home Phone # () Work Phone # () How long has this person been a member of your club?			
Name of person completing this form: Your job description: Date of Accident:/			
Your job description: Date of Accident:/			
Date of Accident:/Time of the Incident::AM / PM Name of Injured Person:Age:Sex: Injured Person's Address: City: State: _Zip: Home Phone # () Work Phone # () How long has this person been a member of your club?			
Name of Injured Person:Age:Sex: Injured Person's Address: City:State: _Zip: Home Phone # ()Work Phone # () How long has this person been a member of your club?			
Injured Person's Address:			
Injured Person's Address:			
Home Phone # () Work Phone # () How long has this person been a member of your club?			
Home Phone # () Work Phone # () How long has this person been a member of your club?			
Describe the Accident Below (what happened?):			
Describe the Possible Injury (sprained ankle, cut, slip and fall, etc.):			
Describe the type of equipment involved (if applicable to the injury) and make any comments			
concerning the use of the equipment at the time of the accident.			
List any type of treatment performed at the club or by a doctor (Include Doctor, Hospital Name,			
Address if applicable):			
Were any witnesses to the incident? YES NO If so, please have each witness write a brief statement about what happened (copies of witness forms are attached). YOUR SIGNATURE:			

Attachments to include: Copy of member's contract & Witness Reports

WITNESS REPORT OF INCIDENT

Date of Incident: / /	_		
Name of Injured Person (if known):			
Witness Name:			
Address:			
City:	State:	Zip Code:	
Home Phone:	_Work Phone:		
Are you an employee of the club?			
Yes No If Yes, what is your job description?			
Are you a member of the club? Yes No If yes, how long?			
Do you know the person who was	injured?		
Yes No			
If yes, describe your relationship with the injured person:			
Describe what you witnessed abou	ut this injury or incide	nt:	
Signature of Witness:	Date:	1 1	

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