

INSURED INCIDENT REPORT

CONTACT US

Call: (855) 955-2718 Fax: (469) 533-3854 Email: claims@brightlinedealer.com

General Information:

Coverage Type: Property: <input type="checkbox"/> General Liability: <input type="checkbox"/> Auto: <input type="checkbox"/> Workers Comp: <input type="checkbox"/> Other (See "Other" section below): <input type="checkbox"/>			
Dealership Name:		Today's Date:	
Dealership Address:		Date of Incident:	
City:	State:	Zip:	Time of Incident:
Loss Location:		Telephone Number:	
Contact Name:		Fax Number:	
Policy Number:		Email Address:	
Preferred Method of Contact: Phone: <input type="checkbox"/> Email: <input type="checkbox"/>			

TYPE OF LOSS

Vehicles:	
• Was the loss to vehicle(s) you own and/or hold for sale?	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Was the loss to a customer's vehicle(s)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Was a third party (a driver other than you or an employee) involved?	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Were there any injuries?	Yes <input type="checkbox"/> No <input type="checkbox"/>
• VIN of insured vehicle(s) if involved in this incident: _____	

Property - Your Building, Contents or Business Income:

• What type of loss? Fire <input type="checkbox"/> Flood <input type="checkbox"/> Weather <input type="checkbox"/> Earthquake <input type="checkbox"/> Theft <input type="checkbox"/> Vandalism <input type="checkbox"/> Other <input type="checkbox"/>	
• Was the loss to your building?	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Was the loss to your contents (including parts)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Have your dealership's operations been affected by your loss? Extra expenses incurred?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Liability:

• Is someone alleging he or she was injured on your property?	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Is someone alleging that work performed by your organization caused damage to his or her vehicle?	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Has someone filed suit against you?	Yes <input type="checkbox"/> No <input type="checkbox"/>

"Other" Claim Types:

Employment Practices / Discrimination: <input type="checkbox"/>	Other (Describe): _____
Cyber Liability: <input type="checkbox"/>	Crime: <input type="checkbox"/> Pollution: <input type="checkbox"/>

Description of Loss: *(Please include supplemental documentation, i.e. photos, police reports, suits/demand letters, etc.)*