

INFLATABLE RECREATIONAL PRODUCTS – LOSS REPORTING FORM

AGENCY INFORMATION

Name:	CSI Insurance Agency, Inc.
Address:	316 Maxwell Road, Ste 100
City/State/Zip:	Alpharetta, GA 30004
Phone:	888-411-4911
Fax:	678-832-4910
Email:	jcarr@csi-protection.com

INSURED INFORMATION

Name:	
Address:	
City/State/Zip:	
Phone:	
Fax:	
Email:	

OCCURRENCE

Location of Loss:	Type of Event (fair, school festival, etc.):	Date of Loss:

INJURED PARTY

Name:	Age:
Address:	Type of Injury:
City/State/Zip:	
Phone:	Fax:
Email:	

PRODUCT

Type of Product:
Product DETAILS (manufacturer, age, how long you have owned, purchased new or used, etc.):

ADDITIONAL INFORMATION

Are there contracts with event manager? (Please provide copies of Waivers, Rental, and/or Event Agreements separately)	
Was ride attended by employees?	
Did injured party sign waiver of release?	
Description of How Injury Occurred:	

WITNESSES (attach separately if necessary)

Name:	Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone:	Phone:
Fax:	Fax:
Email:	Email:

Please provide any ADDITIONAL DETAILS that might be important below: