



ASSOCIATION  
INSURANCE  
MANAGEMENT INC

## Claim/Incident Report Form

Date: \_\_\_\_\_

Producer/Mailing Address:

AIM Association Insurance Management, Inc.

PO Box 742946

Dallas, TX 75374

1-800-876-4044 \* FAX 214-360-0802

[PTAClaims@aim-companies.com](mailto:PTAClaims@aim-companies.com)

### Insured Information:

Name of Organization: _____	
Insured ID: _____	Policy Number: _____
Address: _____	Council: _____
City: _____	State: _____ Zip: _____

### Person Reporting Claim:

Name: _____	Position: _____
Phone Number: _____	Email Address: _____

### Type of Loss:

<input type="checkbox"/> Theft of money Was a police report filed? _____ If so, please include.
<input type="checkbox"/> Theft or Damage of property Was a police report filed? _____ If so, please include.
<input type="checkbox"/> Injury
<input type="checkbox"/> Other: _____

### Witness Contact Information:

Witness Name: _____	Phone: _____
Email: _____	
Witness Name: _____	Phone: _____
Email: _____	

**Occurrence:**

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Description of Occurrence: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Injured Party Information:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Description of Injury: \_\_\_\_\_

\_\_\_\_\_

Cause of Accident: \_\_\_\_\_

\_\_\_\_\_

**If you have any photos or videos of the event, please provide them.**

**Additional Information:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_