

**ADDENDUM "H"**

**Florida United Methodist Conference**

**I. INCIDENT REPORT**

POTENTIAL CLAIM INFORMATION	
Date Reported:	Church Name & City :
Caller's Name: _____ Work/Home/Cell Numbers:	Claimant's Name: _____ Claimant Phone Number:
INCIDENT DETAILS	
Date & Time of Occurrence: _____	
Injuries: _____	
Action taken so far: _____ _____ _____	
Incident Details as told by: _____ _____	
NOTE-Attach all supporting documentation	
FOR ADMINISTRATIVE PURPOSES:	
Date Replied:	Other Sources Informed of Incident:
Action Advised or Taken: _____ _____	

For Reporting Claims Information Please "See How To File A Claim Form" At [www.flumc.org](http://www.flumc.org) This form is to be retained in the files of the local churches and may be requested as needed.