

**INDIVIDUAL ACCIDENT / INJURY REPORT**

(Confidential information for use of Grand Chapter legal counsel only)

Claimant Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_

Daytime phone number \_\_\_\_\_ Work phone number \_\_\_\_\_

Member of \_\_\_\_\_ Chapter No. \_\_\_\_\_ City \_\_\_\_\_

Date of accident or injury \_\_\_\_\_

Where did accident / injury occur? \_\_\_\_\_

Description of accident \_\_\_\_\_

Type and extent of injury \_\_\_\_\_

Witnesses Name(s) & Phone # \_\_\_\_\_

Do you have other insurance coverage? \_\_\_\_\_

Comments: \_\_\_\_\_

Claimant Signature

Date \_\_\_\_\_

Phone \_\_\_\_\_

Signature of person making report if other than claimant

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**FILE THIS REPORT WITHIN 48 HOURS AFTER THE DATE OF THE ACCIDENT OR INJURY WITH:**

Humphreys-Voorhees Insurance Agency, 4950 Hall Road, Suite C, Orlando, FL 32817

Phone: (407) 657-8099 Fax (407) 657-8757

AND

The Grand Chapter of Florida, Order of the Eastern Star, Inc., P. O. Box 97, Bonifay, FL 32425-0097

Phone: (850) 547-9199

Fax: (850) 547-9299

**PARAPHERNALIA THEFT OR LOSS REPORT**  
(Confidential information for use of Grand Chapters' legal counsel only)

Chapter Name \_\_\_\_\_ No. \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Secretary's Name \_\_\_\_\_

Daytime phone number \_\_\_\_\_ Work phone number \_\_\_\_\_

Nature or type of loss or theft \_\_\_\_\_

Date of loss \_\_\_\_\_ Time \_\_\_\_\_ AM - PM

Where did loss occur? \_\_\_\_\_

Type of loss:  Fire  Lightning

Flood  Other - Explain \_\_\_\_\_

Theft  Hail  Wind \_\_\_\_\_

Description of loss - List items and value of each \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there a current appraisal on the items lost or damaged? \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was a Police or Fire Department report filed? \_\_\_\_\_ If so, furnish a copy of the report.

Date \_\_\_\_\_

Signature of Worthy Matron

(Chapter Seal)

Signature of Secretary

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**FILE THIS REPORT WITHIN 48 HOURS AFTER THE DATE OF THE LOSS WITH:**

Humphreys-Voorhees Insurance Agency, 4950 Hall Road, Suite C, Orlando, FL 32817

Phone: (407) 657-8099 Fax (407) 657-8757

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**REQUEST FOR CERTIFICATE OF INSURANCE FOR EVENT**

Date of request\_\_\_\_\_

Name of Chapter\_\_\_\_\_ No.\_\_\_\_\_ District No.\_\_\_\_\_

Name of Chapter Secretary\_\_\_\_\_

Mailing address\_\_\_\_\_

Type of function to be held or name of event\_\_\_\_\_

Name of owner of facility where function or event will be held \_\_\_\_\_

Mailing address of owner of facility\_\_\_\_\_

Attn:\_\_\_\_\_ Fax (\_\_\_\_\_)\_\_\_\_\_

Street address of facility where function will be held\_\_\_\_\_

Name and address of Additional Insured if different from owner:\_\_\_\_\_

Date of function\_\_\_\_\_ Time of function Begin\_\_\_\_\_ End\_\_\_\_\_

Approximate number attending function\_\_\_\_\_

Amount of coverage required\_\_\_\_\_

\_\_\_\_\_ Phone (\_\_\_\_\_)\_\_ Fax (\_\_\_\_\_)\_\_\_\_\_

Signature of person requesting Certificate

**THIS REQUEST MUST BE COMPLETED AND MAILED OR FAXED AT LEAST TWO WEEKS PRIOR TO THE FUNCTION OR EVENT TO:**

Humphreys-Voorhees Insurance Agency, 4950 Hall Road, Suite C, Orlando, FL 32817

Phone: (407) 657-8099 Fax (407) 657-8757

AND

The Grand Chapter of Florida, Order of the Eastern Star, Inc., P. O. Box 97, Bonifay, FL 32425-0097

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