

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

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

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

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