

**PGA TOUR Tournament Liability Insurance Program
Incident Report**



(Check One Tour)

Date: _____

Time: _____

Tournament: _____ Course: _____

CLAIMANT INFORMATION:

Spectator Volunteer/Staff Vendor Player Other _____

Claimant Name: _____ Home Phone: _____

Address: _____

Email Address: _____ Cell Phone: _____

INCIDENT INFORMATION:

Description of Incident/Injury: _____

Cause of Incident:

Slip/Trip/Fall Vehicle Struck By/Against
 Sun/Heat Food/Beverage Insect Bite/Sting
 Golf Cart: # _____ Struck By Ball
Cart Driver Name _____ Was a player involved? Y or N
Company Name _____ Player Name: _____

Location of Incident:

Hole # _____ Clubhouse Hospitality
 Tee Restroom Other (Describe): _____
 Fairway Concession Area
 Green Parking Lot

Photos Taken? Y or N (Please attach) Other Information: _____

Witness Name, Address and Phone: _____

MEDICAL INFORMATION:

First aid given? Y or N Body Part Injured: _____

Treatment Rendered: _____

Disposition: Dismissed Referred to Physician Sent to Hospital
Via: Personal Car Rescue Unit

Signature of Tournament Staff/Risk Advocate: _____

Report Completed By: _____
Print Name Company/Volunteer

Send copy of report to PGA TOUR Risk Management at riskmanagement@pgatourhq.com after reporting incident to Travelers.