PLEASE RETURN FORM IMMEDIATELY TO YOUR INSURANCE CARRIER AND SEND A COPY TO MARCO'S FRANCHSING, LLC

Please send report to: incidentreports@marcos.com



Marco's Franchising, LLC - Incident/Accident Report Instructions/Checklist

When to complete this Incident/Accident form:

Submit all to your insurance carrier.

- 1. When there is an injury to employee, customer, vendor, supplier, or other visitor to the store/on store premises, parking lot or sidewalk.
- 2. When there is an injury to employee while conducting store business outside of premise (trip to bank, on delivery, running an assigned errand, etc.).
- 3. When there is property damage to the store (weather, fire, vandalism, etc.)
- 4. When a robbery or other threats against the store or employees has occurred
- 5. When there is a reported case of food poisoning, food tampering, foreign object claim or similar situations.
- 6. When any other unusual situations or occurrences which are outside the ordinary course of business happen.
- 7. When there is any incident involving an automobile; whether it be at fault, no fault, single car, multiple car, etc.

Note: Information should be documented even if no apparent physical injury or cost is present.

Report is completed in it's entirety in a timely manner (immediately after incident if possible)
Auto incidents – the following documents MUST be submitted with the Report:
1. Copy of driver's license;
2. Copy of driver's insurance card;
3. Copy of driver's MVR;
4. Police Report (if applicable); and
5. Sunderland Report (if insured through Huntington or Hylant).
Non-cute incidents - the following decomposit MUCT he colonities in
Non-auto incidents – the following document MUST be submitted:
1. Marco's Franchising Incident/Accident Report completed, signed and dated
All employment issues – the following document MUST be submitted:
1. Copy of signed receipt of Employee Handbook.
SURE TO INCLUDE ON ALL REPORTS:
Name and phone number/email address of all witnesses, and statements documented.
Please attach additional pages if necessary.
_ Signature of PIC (person in charge) and employee involved, store number and date of incident

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MARCO'S FRANCHISING, LLC - INCIDENT / ACCIDENT REPORT

(Please Print Clearly)

(Use for accidents/incidents involving both employee and/or customers)

Name of Employee or Customer Involved:	Date of Incident:	Time of Incident:			
Street Address:	Store #	Person in Charge:			
City/State/Zip:	OTHER PARTY INFORMATION				
Home Telephone #:	Name:				
Work Telephone (if customer):	Phone Number:				
Date of Birth:	Name:				
Sex: □ Male □ Female	Phone Number:				
Check All Applicable Boxes:					
Property Damage Involving an Employee	Auto Accident Involving Wor				
Damage to Store Property Robbery:	Police Agency Responding:				
☐ Driver ☐ In-Store Amount of Loss: \$ Sexual Harassment	Report # (Attach copy of report):_				
Other (Explain):	Employee's Insurance Agent & P	none #:			
Personal Injury of: () Employee () Other	Other Driver's Insurance Agent &	Phone #:			
Describe what caused the incident, what you were doing just before and after the incident and where it occurred:					
Type of injury(ies) (i.e.: bruise, scrape, laceration, strain, etc.) & specific body part(s) inflicted (i.e.: right hand, thumb):					
Was any First Aid provided at the time of incident? ☐ Yes ☐ No	If yes, explain in detail:				
Did you seek other medical treatment? ☐ Yes ☐ No	If yes, state date and name of ca	are facility:			
Could this be an aggravation of a prior injury? ☐ Yes ☐ No	If yes, explain how the injury occ	curred and when you were last treated:			
Draw a diagram of accident on next page. Signature of Employee Date	Signature of PIC	Date			

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MARCO'S FRANCHISING, LLC INCIDENT / ACCIDENT REPORT - PAGE 2

DIAGRAM WHAT HAPPENED INSTRUCTIONS 1) Follow dotted lines to draw	······································
outline of roadway at place of accident ▶	Identify Streets and Highways by Name or Number
2) Number each vehicle and show direction of travel by arrow	
Use a solid line to show path before accident Use a dotted line after accident 1	
5) Show Pedestrian by: 6) Show Rail Road by:	
7) Show utility poles by: 8) Show motorcycle by:	DESCRIBE WHAT HAPPENED BELOW. REFER TO VEHICLES BY NUMBER.

Description of Accident:
List of Items Stolen: