

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

Please send report to: [incidentreports@marcos.com](mailto:incidentreports@marcos.com)



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

**When to complete this Incident/Accident form:**

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-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.

**BE 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.

\_\_\_ **Submit all to your insurance carrier.**



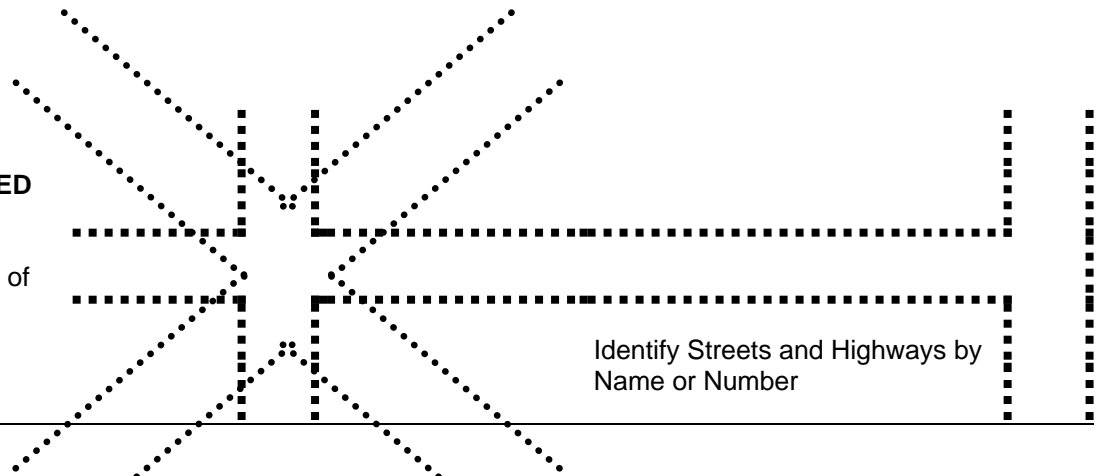
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**MARCO'S FRANCHISING, LLC INCIDENT / ACCIDENT REPORT - PAGE 2**

**DIAGRAM WHAT HAPPENED  
INSTRUCTIONS**

- 1) Follow dotted lines to draw outline of roadway at place of accident ▶



- 2) Number each vehicle and show direction of travel by arrow:

- 3) Use a solid line to show path before accident

- 4) Use a dotted line after accident

- 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:**

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**List of Items Stolen:**

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