



# DC Insurance Services, Inc.

## Commercial Center Childcare / Incident or Accident Report

Complete and mail to:  
DC Insurance Services, Inc.  
Address at Bottom

### Notice Of Childcare Incident Or Accident

All questions must be answered.

Inform child's parent(s) or guardian(s) all bills should be sent to our office. Payments will be made to doctor and/or hospital unless instructed otherwise. Do not hold for medical bills-send immediately.

#### Report to your regulatory agency as required.

Accident medical expense benefit: children \$20,000 maximum; provider/staff \$10,000 maximum; limit per natural tooth, refer to your policy. Benefit period: bills incurred within 52 consecutive weeks from the date of accident.

.....  
Policy Number: \_\_\_\_\_

Childcare Provider/Insured: \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Cellphone No. (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

.....  
Injured Person: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Check One:

- Childcare Child       Childcare Provider's Child       Childcare Provider       Employee

If Minor, Parent Or Guardian: \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

.....  
Complete This Section In Detail. Use Separate Sheet If Necessary.

Date Of Accident: \_\_\_\_\_ Time Of Accident: \_\_\_\_\_ Location Of Accident: \_\_\_\_\_

Describe In Detail What Happened? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was a doctor's visit required?  No  Yes      Is the child back in care?  No  Yes

.....  
I hereby certify the above incident/and or accident occurred during my day care hours and activities and the injured child was enrolled in my day care. If the injured person was the provider, partner or employee, I also certify that the injury occurred during the day care hours and activities

\_\_\_\_\_  
Signature of child care provider      Date



## Mandatory State Notices

### GENERAL -All STATES

Any person who knowingly and/or with intent to injure, defraud, or deceive an insurance company or other person files a statement of claim containing false, incomplete or misleading information, may be guilty of insurance fraud and subject to criminal and substantial civil penalties.

### CALIFORNIA

For your protection, California law requires the following to appear on this form:

Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.