

**Within 7 days of an incident, send completed Insurance Incident Reporting forms to:**

**Kainoa Scheer** **kscheer@acwhawaii.com**

**ACW Group, LLC**
Insurance, Bonding & Employer Solutions
1000 Bishop Street, Suite 600 |Honolulu, Hawaii 96813
Tel: (808) 535-5076 | Fax: (808) 535-5055 | Mobile: (808) 392-2056 | [www.acwgroup.com](https://na01.safelinks.protection.outlook.com/?url=https%3A%2F%2Furldefense.proofpoint.com%2Fv2%2Furl%3Fu%3Dhttp-3A__www.acwgroup.com%26d%3DDwQF-g%26c%3D6Qy2WERjYbFM0JeskIu0mQ%26r%3DtYzJd32GNbGofzVNRiI-Bw%26m%3DHAmI39U4nBrHpdooVZ-SZpvld6YN9Mm75SJynqF7ZOA%26s%3DNA4wV9kSdO6m9sy89ucpkf2-xXzvA6wbx2dtiKWtT6c%26e%3D&data=02%7C01%7CTomM%40ussmissouri.org%7C5d36bec69d1947d2915e08d483ae0971%7Cb467a30a6b8b44a6a1718b560e7c66e6%7C0%7C0%7C636278232301313402&sdata=5vawZzAb52Bn%2F9jY0%2B%2BFMSR2IMCfzIBVBSBSt5HnbYs%3D&reserved=0)

Copy: Keri Mehling (kerionmaui@yahoo.com)

**Be sure to include information for the contact person at the Canoe Club that is submitting the report!**

**Include the waiver for the person(s) injured.**

**Include the crew list with phone numbers for the crew members & each witness statement.**

**If an escort boat is involved, include the escort boat waiver and contact information.**