

Church Mutual Insurance Company

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www.churchmutual.com

ACCIDENT REPORT

(NOT TO BE USED FOR AUTOMOBILE OR WORKERS' COMPENSATION)

*Please furnish the following information for prompt handling of your claim.
You may call this information in to our office or you may fax or mail this form to us.*

CLAIM NOTIFICATION/POLICYHOLDER INFORMATION

Date Reported _____
Reported by: (Name) _____ (Title) _____
Phone: (Home) _____ (Work) _____
Phone: (Church) _____ Fax _____ E-mail _____
Account No. _____ Policy No. _____ Effective Date _____
Date of Accident _____ Time of Accident _____ a.m. p.m.
Insured's Name (as it appears on policy) _____
Address 1 (Street) _____
Address 2 (Street) _____
City _____ State _____ Zip Code _____
Are you insured with any other company? No Yes Company? _____

ACCIDENT INFORMATION

Location of Accident (Street) _____
City _____ State _____ Zip Code _____
Police Dept. reported to (if any) _____ Report No. _____
Violation issued _____
Description of Accident - Describe fully - Include rough sketch if possible. (Use additional paper if necessary) _____

NOTE: It is important that any article, part, or appliance causing the accident be carefully preserved.

INJURED OR OWNER OF DAMAGED PROPERTY

Name of Injured or Owner of Damaged Property _____ Age _____ Sex _____
Parent/Guardian of minor child _____ Phone No.: Home _____ Work _____
Address (Street) _____
City _____ State _____ Zip Code _____
Are you insured under any medical accident policy? No Yes Company? _____
By whom are you employed? _____
Injuries claimed _____
Physician's Name _____ Phone No. _____
Address (Street) _____
City _____ State _____ Zip Code _____
Name of facility where injured was taken _____ Phone No. _____
Address (Street) _____
City _____ State _____ Zip Code _____
Was injured transported by Ambulance? No Yes

WITNESSES (USE ADDITIONAL PAPER IF NECESSARY)

It is critical to give full name and address of every person who knows anything about the accident.

Name _____ Phone: Home _____ Work _____

City _____ State _____ Zip Code _____

Name _____ Phone: Home _____ Work _____

City _____ State _____ Zip Code _____

STATE - SPECIFIC FRAUD WARNING STATEMENTS FOR CLAIM FORMS - LIABILITY/ACCIDENT

Arizona "For your protection, Arizona law requires the following statement to appear on this form:
Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California "For your protection California law requires the following to appear on this form:
Any person who knowingly presents 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."

Colorado "It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies."

Florida "Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

Maine "It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits."

New Jersey "Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties."

New York "Any person who knowingly and with intent to defraud any insurance company or other person files an application or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation."

Pennsylvania "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is crime and subjects such person to criminal and civil penalties"

Alaska, Arkansas, Delaware, District of Columbia, Idaho, Indiana, Kentucky, Minnesota, New Hampshire, New Mexico, Ohio, Oklahoma, and Virginia

"For your protection, these states require the following wording on this form:
Any person who knowingly and with intent to defraud an insurer files a statement of claim containing false, inflated, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud and may be subject to civil fines, criminal penalties, and denial of insurance benefits."

Applicable in All States

For your protection, review your policy for an explanation of the insured's duties in the event of a loss. Failure to comply with these duties may void your policy.

Your signature will assist in prompt handling of this claim

Name (print) _____

Phone: Home (_____) _____ Work (_____) _____

City _____ State _____ Zip Code _____

Signature _____ Date _____