CM Vantage Specialty Insurance Company

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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) ____________

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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 ______________