



P.O. Box 2528 | Rancho Cordova, CA 95741-2528 | Fax: (916) 636-0143 | Toll Free: (800) 396-1485

UNDERWRITTEN BY WESTERN GENERAL INSURANCE COMPANY

ACCIDENT CERTIFICATION FORM

(FORM WILL BE UNACCEPTABLE AND POLICY SUBJECT TO PREMIUM CHANGE OR CANCELLATION IF NOT FULLY COMPLETED AND RETURNED IN A TIMELY MANNER)

Policy # :
Named Insured:

I represent and warrant under penalty of perjury, that the information provided below is true and correct to the best of my knowledge.

Name of Driver \_\_\_\_\_

Date of Accident/Loss \_\_\_\_\_

Was it determined that you were at least 51% or more responsible for this accident? Yes \_\_\_\_\_ No \_\_\_\_\_

Were you cited for a violation as a result of this accident? Yes \_\_\_\_\_ No \_\_\_\_\_

Did this accident result in bodily injury, death, or the need for medical attention to anyone? Yes \_\_\_\_\_ No \_\_\_\_\_

Did the damage to your vehicle/property exceed \$1000? Yes \_\_\_\_\_ No \_\_\_\_\_

Did the damage to the other party's vehicle/property exceed \$1000? Yes \_\_\_\_\_ No \_\_\_\_\_

Did any of the following circumstances apply at the time of this accident? (Check if applicable)

- 1. Vehicle was lawfully parked at the time of accident \_\_\_
2. Vehicle was struck in rear and other driver was convicted of moving violation \_\_\_
3. Other driver was convicted of moving violation and you were not \_\_\_
4. Damage was caused by a "hit & run" operator and was reported to authorities within reasonable time \_\_\_
5. Accident resulted from contact with animals, birds, or falling objects \_\_\_
6. Solo accident caused by hazardous condition, i.e. "black ice" or child running into the street \_\_\_

PLEASE READ THE FOLLOWING CAREFULLY:
It contains terms of our agreements.

The above individual(s) has made Western General Insurance Company (hereinafter called the Company) a written application attached hereto and incorporated by reference. Each and every statement of fact contained in the application is hereby warranted by the insured to be true. The application and the particulars and statements contained therein are hereby agreed to be the basis of this policy, and any renewals of this policy, and shall any of these statements not be true, this policy shall be declared void from its inception date by the Company. It is also understood that unless drivers residing with the named insured are named in the Declarations, coverage may not be afforded. If you desire coverage for drivers other than those shown, request your agent to have your coverage amended to list and include the additional drivers.

I have read understand and agree with all terms as stated above: (POA not acceptable - insured must sign)

Signature of Driver: \_\_\_\_\_ Date: \_\_\_\_\_

As witnessed by: (must be signed)

Signature of Broker: \_\_\_\_\_ Date: \_\_\_\_\_