

Named Insured: \_\_\_\_\_

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

## ACCIDENT CERTIFICATION FORM

I represent and warrant under penalty of perjury, that the accident on \_\_\_\_\_ was not at-fault and/or involved no bodily injury.

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

Date of Accident: \_\_\_\_\_ Location: \_\_\_\_\_

Did you or the other party have insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Was there a police report? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes police report #: \_\_\_\_\_

Was anyone, including yourself injured? Yes \_\_\_\_\_ No \_\_\_\_\_

Were you at least 51% responsible for the accident? Yes \_\_\_\_\_ No \_\_\_\_\_

Total amount of the damages to both vehicles and people: \$ \_\_\_\_\_

Briefly describe how the accident occurred:

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### PLEASE READ THE FOLLOWING CAREFULLY:

It contains terms of our agreements.

**The above individual(s) has made Workmen's Auto 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 Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

*As witnessed by: (must be signed)*

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