



Application for benefits — Personal injury protection

Date	Our policyholder	Date of accident	File #
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To enable us to determine if you are entitled to benefits under the no fault personal injury protection law, please complete this form and return it promptly.

To:

Return to:

Attn: Auto Claims Dept.

Your name		Phone #	Home	Business
Your address (#, Street, City or Town, State and ZIP code)		Date of birth	Social Security #	
Date and time of accident	A.M. P.M.	Place of accident (street, city or town & state)		
Brief description of accident				
At time of accident:				
Were you the driver of our policyholder's car?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Were you a passenger in our policyholder's car?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Were you a pedestrian?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Were you a member of our policyholder's household?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
As a result of this accident were you injured? Yes <input type="checkbox"/> No <input type="checkbox"/> If your answer is yes, complete the rest of this form. If no, sign here and return this form to us.				
Signature _____			Date _____	
Describe your injury				
Were you treated by a doctor? Yes <input type="checkbox"/> No <input type="checkbox"/>		Doctor's name and address		
If you were treated in a hospital, were you an Inpatient? <input type="checkbox"/> Outpatient? <input type="checkbox"/>		Hospital's name and address		
Amount of medical bills to date \$		Will you have more medical expense? Yes <input type="checkbox"/> No <input type="checkbox"/>		At the time of the accident were you in the course of your employment? Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you lose wages or salary as a result of your injury? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, amount lost to date \$		What is your average weekly wage or salary? \$
If you lost wages: Date disability from work began			Date you returned to work	
Have you received, or are you eligible for, payments under any wage or salary continuation plans? Yes <input type="checkbox"/> No <input type="checkbox"/>			If yes, amount \$	
Per week <input type="checkbox"/> Per month <input type="checkbox"/>				
List names and addresses of your employer and other employers for one year prior to accident date and give occupation and dates of employment:				
Employer and address		Occupation	From	To
Employer and address		Occupation	From	To
Employer and address		Occupation	From	To
As a result of your injury have you had any other expenses? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain on reverse side.				
Signature: _____			Date: _____	

IMPORTANT: 1. To be eligible for benefits, you must complete and sign this application.
2. You must also sign any attached authorization(s).

State-mandated insurance fraud warnings applicable in:

Alaska — A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

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.

Arkansas — Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California — For your protection, California law requires the following to appear on this form: Any person who knowingly presents a 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 from 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 false, incomplete or misleading information is guilty of a felony of third degree. Pursuant to Florida Statute 627.736(6) "Under penalty of perjury, I declare that I have read the foregoing, and the facts alleged are true, to the best of my knowledge and belief."

Idaho — Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.

Indiana and Ohio — Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, is guilty of insurance fraud.

Kentucky — Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

Louisiana — Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine and Virginia — 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 a denial of insurance benefits.

Minnesota — A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Oklahoma and Delaware — Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania — Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.

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 Hampshire — Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Mexico — ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFITS OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

New York — Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the value of the subject motor vehicle or stated claim for each violation.

Oregon — Any person who knowingly and with intent to defraud or solicit another to defraud an insurer by submitting an application or filing a claim containing a false statement as to any material fact may be violating state law.

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

Do not detach

Authorization for medical information

This authorization, or photocopy hereof, will authorize you to furnish all information you may have regarding my condition while under your observation or treatment, including the history obtained, x-ray and physical findings, diagnosis and prognosis. You are authorized to provide this information in accordance with the personal injury protection benefits law.

Signature

Date

Do not detach

Authorization for wage and salary information

This authorization, or photocopy hereof, will authorize you to furnish all information you may have regarding my wages or salary while employed by you. You are authorized to provide this information in accordance with the personal injury protection benefits law.

Signature

Date

Social Security # _____