## **Church Mutual Insurance Company, S.I.**

3000 Schuster Lane, P.O. Box 342, Merrill, WI 54452-0342 (715) 536-5577 • (800) 554-2642 • Fax (715) 539-4651

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 NO	TIFICATION/POLICYHOLDER	INFORMATION
Date Reported		
Reported by: (Name)	(Title)	
Phone: (Church)	Fax	E-mail
		Date of Accident
	Fime of Accident	
Insured's Name (as it appears on policy		
Address 1 (Street)		
Address 2 (Street)		
City	State	Zip Code
Are you incured with any other compan	v2 ¬ No ¬ Vos Company2	zip code
Are you insured with any other company		NI
Location of Assident (Otroct)	ACCIDENT INFORMATION	<b>N</b>
Location of Accident (Street)	Ctoto	Zin Codo
Delice Dept. reported to (if any)	State	Zip Code
		Report No
Violation issued		 se additional paper if necessary)
NOTE: It is important that an	ny article, part, or appliance causing th	e accident be carefully preserved.
	ny article, part, or appliance causing th	
	D OR OWNER OF DAMAGED	PROPERTY
INJURE Name of Injured or Owner of Damaged	D OR OWNER OF DAMAGED Property	PROPERTY  Age Sex
INJURE  Name of Injured or Owner of Damaged	D OR OWNER OF DAMAGED  PropertyPhone No.: Hom	PROPERTY  Age Sex
Name of Injured or Owner of Damaged Parent/Guardian of minor child Address (Street)	Phone No.: Hom	PROPERTY AgeSex eWork
Name of Injured or Owner of Damaged Parent/Guardian of minor child Address (Street) City	Phone No.: Hom  State	PROPERTY AgeSex eWorkZip Code
Name of Injured or Owner of Damaged Parent/Guardian of minor child Address (Street) City Are you insured under any medical acc	Phone No.: Hom  State  ident policy?  No  Yes Company	
Name of Injured or Owner of Damaged Parent/Guardian of minor child	Phone No.: Hom  State  ident policy?	AgeSexeZip Code?
Name of Injured or Owner of Damaged Parent/Guardian of minor child	Phone No.: Hom  State  ident policy?	AgeSexeZip Code?
Name of Injured or Owner of Damaged Parent/Guardian of minor child	Phone No.: Hom  State ident policy?  No  Yes Company	AgeSexeZip Code?Phone No
Name of Injured or Owner of Damaged Parent/Guardian of minor child	Phone No.: Hom  State  ident policy?	AgeSexeZip Code?Phone No
Name of Injured or Owner of Damaged Parent/Guardian of minor child	Phone No.: Hom  State ident policy?	
Name of Injured or Owner of Damaged Parent/Guardian of minor child	Phone No.: Hom  State ident policy? I No I Yes Company  State  State	
Name of Injured or Owner of Damaged Parent/Guardian of minor child	Phone No.: Hom  State ident policy? I No I Yes Company  State	

Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.		s critical to give full name and a	ddress of every person who k	nows anything about th	ne accident.
City State Zip Code    Phone: Home		•	<del></del> -		
State					
STATE - SPECIFIC FRAUD WARNING STATEMENTS FOR CLAIM FORMS - LIABILITY/ACCIDEM*  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, denia of insurance, and civil damages. Any insurance company or agent of an insurance company for insurance and civil damages. Any insurance company or agent of an insurance company 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 is guilty of a felony of the third degree.*  *Maine**  *It is a crime to knowingly provide false, incomplete, or misleading information is pully of a felony of the third degree.*  *Maine**  *It is a crime to knowingly and with intent to defraud any insurance company or other person files an application of criminal and civil penalties.*  *New York**  *Any person who knowingly and with intent to defraud any insurance company or other person files an application of a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.*  *Pennsylvania*					
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 statement 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, denia of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provider false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denia of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provider false, incomplete, or misleading 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 Repatients o					
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