



Post Office Box 2348
 Cincinnati, OH 45202
 800-297-1971 toll-free
 877-335-8910 fax
 GreatAmericanTrucker.com

Producer Information

Agent Name _____ Agent Phone _____
 Company _____ Policy Number _____
 Date and Time of Accident _____

Motor Carrier

Unit Number _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Safety Manager _____

Certificate Holder

Name _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____
 Date of Birth _____ Social Security Number _____
 CDL License Number _____
 Are you an Owner/Operator or a Courier? _____ Do you own your own vehicle? Yes No
 Will you receive a W2 or 1099 from your employer? _____

Driver Information

Driver's Name _____ Check if same as certificate holder
 Home Phone _____ Cell Phone _____
 Date of Birth _____ Social Security Number _____
 Who are you leased to? _____ Relation to policy holder _____

Injured Details

Name _____ Age _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____
 Ped; Ins Veh; Oth Veh _____ Extent of Injury _____

Description of Accident – Injury *(Identify specific body parts)*

Location of AccidentLocation of Accident *(Including city and state)*

Violations or Citations Issued _____

Authority Contacted _____ Under Dispatch? Yes No**Witnesses to Accident**

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Medical Treatment

Hospital/Physician's Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ First Day of Treatment _____

Last Day Worked _____ Date Returned to Work _____

Diagnosis _____ Fatality? Yes No**Remarks**

Do you have a Physical Damage Policy with GAIC? Yes No

Policy Number _____

Interpreter Needed? Yes No Language _____

Reported by _____

Reported to _____ Date-Time Reported _____