



Post Office Box 2348
 Cincinnati, OH 45202
 800 297 1971 toll-free
 877 335 8910 fax
 www.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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will you receive a W2 or 1099 from your employer? _____		

Driver Information

Driver's Name _____	<input type="checkbox"/> 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 Accident

Location 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** _____