



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 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 \_\_\_\_\_