

Claim Number: _____

Policy Information Request

[Please check one of the boxes below]

I have no other insurance policy, other than the policy with _____ Company issued to _____ under Policy # _____.

In addition to the policy with _____ Insurance Company issued to _____, I also have the following insurance coverage(s):

Name of other insurer: _____

Coverage(s): _____

Policy Number(s): _____

Insurer's Address: _____

Name of other insurer: _____

Coverage(s): _____

Policy Number(s): _____

Insurer's Address: _____

[Please also check one of the boxes below]

I was NOT acting within the course and scope of any employment (i.e. working) nor was I participating in any joint venture at time of this loss.

At the time of this loss, I was acting in the course and scope of my employment and/or participating in a joint venture on behalf of the following:

Name of employer / joint-venturer: _____

Address: _____

Telephone Number: _____

Contact Person: _____

Other Insurance (if known): _____

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

I, _____, hereby swear or affirm, under oath and penalty of perjury, that the contents of this document are true and correct.

Signature: _____

Print Name: _____

Sworn to (or affirmed) and subscribed before me this ___ day of _____, 20___, by _____, personally known to me or who produced - _____ as identification.

(Signature of Notary Public - State of Florida)

(Print, Type of Stamp Commissioned)
Name of Notary Public