CLEARSIDE
General

ACCIDENT CERTIFICATION FORM

Integon National Insurance Company

Policy Number: _____

I represent and warrant under penalty of perjury that the accident on _____ was:
(Date of Loss)

Mark the most appropriate selection:

_____ Not at fault

_____ Involved no injuries

_____ Both, not at fault and involved no injuries

Name of Driver _____
Date of Accident _____ Location _____
Did you or the other party have insurance? Yes _____ No _____
Was there a police report? Yes _____ No _____ If Yes, police report # _____
Was anyone, including yourself, injured? Yes _____ No _____
Were you at least 51% responsible for the accident? Yes _____ No _____
Total amount of the damages to both vehicles and people: $ _____
Briefly describe how the accident occurred:

_____
_____
_____
_____

PLEASE READ THE FOLLOWING CAREFULLY:

It contains terms of our agreements.

The above individual(s) has made the Company a written application attached hereto and incorporated by reference. Each and every statement of fact contained in the application is hereby warranted by the insured to be true. The application and the particulars and statements contained therein are hereby agreed to be the basis of this policy, and any renewals of this policy, and shall any of these statements not be true, this policy shall be declared void from its inception date by the Company. It is also understood that unless drivers residing with the named insured are named in the Declarations, coverage may not be afforded. IF you desire coverage for drivers other than those shown, request your agent to have your coverage amended to list and include the additional drivers.

Signature of Applicant: _____ Date: _____

As witnessed by: (must be signed)

Signature of Producer: _____ Date: _____