

At the Scene of the Accident

Important Things to Remember



Do...

- Try to keep calm.
- Check for injuries, and get help if needed.
- Set emergency signals to prevent further damage or injury.
- Discuss the incident only with the police.
- Report all losses to us or your broker/agent immediately.
- Use this form to record accident information while the incident is still fresh in your memory; including names, addresses, insurance information of all persons and vehicles involved in the accident.

Do Not...

- Leave the scene of an accident.
- Admit responsibility or blame anyone else.
- Discuss the scope of your insurance coverage. Provide only required details (ex: name, contact information, etc.).

About Us

Since 2007, Old Republic Contractors Insurance Group (ORCIG) has become an increasingly important commercial construction insurance market leader, providing quality insurance products and services to select participants in the construction industry. We have expanded our national footprint to provide a high level of specialized underwriting, claims, and loss control services in a professionally competent manner. With offices strategically located in Chicago, Pasadena, New York City, Atlanta, Kansas City, Dallas and San Francisco, we are well positioned to meet customers' specific needs efficiently and effectively.

Our unique business model is designed to provide superior service to customers with a highly specialized, technically skilled and operationally efficient team of construction insurance professionals.

ORCIG is affiliated with Old Republic International Corporation (NYSE: ORI), one of the nation's 50 largest publicly held insurance organizations.

Insurance contracts are underwritten and issued by one or more of the following: Old Republic General Insurance Corporation, rated A by A.M. Best and A+ by Standard and Poor's; and Old Republic Insurance Company, rated A+ by A.M. Best, A2 by Moody's and A+ by Standard and Poor's.



Reporting Commercial Auto Claims

Dedicated Toll-Free Number
(800) 406-2137

To report your claims quickly and efficiently, please have the following information ready when you call your toll-free claims reporting services.

Insured Vehicle Information

Insured Name _____
License No. _____
Year _____ Make _____ Model _____
Plate No. _____ State _____
Phone No. _____
Address _____

Witnesses

Name _____
Phone No. _____
Address _____

Name _____
Phone No. _____
Address _____

Name _____
Phone No. _____
Address _____

Damage to Property (Other than Vehicle)

Owner _____
Phone No. _____
Address _____

Property Damaged _____

Investigating Officer

Name _____
Badge No. _____ Dept. _____
Report No. _____
Was a Ticket Issued? Yes No
If Yes, Against Whom? You Other Driver

Other Vehicle Information

Driver's Name _____
Driver's License No. _____
Year _____ Make _____ Model _____
Plate No. _____ State _____
Phone No. _____
Address _____

Owner's Name & Address, if Different Than Driver

Insurance Company _____
Policy No. _____

Injured Person(s)

Name _____
Phone No. _____
Address _____

Description of Injury _____

Injured Person was Driver Passenger Pedestrian
Name _____
Phone No. _____
Address _____

Description of Injury _____

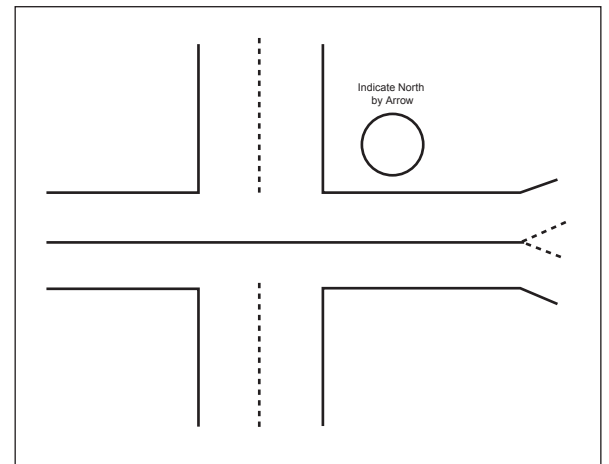
Injured Person was Driver Passenger Pedestrian

Accident Details

Date _____ Time _____
Address _____

Description _____

Accident Diagram



Notes

