Claim Number: Date Of Loss: Date:
Insured: Sent to:

PIP APPLICATION FOR BENEFITS

Your Name & Mailing Address		Home Phone	Work Phone
City, State & Zip Code		Date of Birth	Social Sec. No.
Date of Accident	Time am. pm.	Place of Accident (Street, City & State)	
Describe the Accident (use reverse side if needed)			

At time of Accident:	Were you the driver of our insured's car?	Yes ☐	No ☐
	If yes, do you or a member of your household own a car?	Yes ☐	No ☐
	Were you a passenger in our insured's car?	Yes ☐	No ☐
	Were you a member of our insured's household?	Yes ☐	No ☐
	Were you a member of the driver's household?	Yes ☐	No ☐
	Were you a pedestrian?	Yes ☐	No ☐

Were you injured as a result of this accident? Yes_____ No_____? If **Yes**, complete the rest of this form, sign and return to us. If **No**, sign this form and return to us

Describe Your Injury		
Were You Treated? Yes No	Date Of 1st Treatment	Doctor's Name, Address, Phone & Specialty
Were You Hospitalized? Inpatient Outpatient	Hospital's Name & Address	

Total of Medical Bills To Date $	Will There Be More Medical Expense?	At the time of the Accident Were You in the Course of Your Employment?
Have You Lost Wages or Salary as a Result of this Injury?	If Yes, Give Amount $	What is Your Average Weekly Wage? $
If You Lost Wages: Date First Unable to Work		Date You Returned to Work

HAVE YOU RECEIVED, OR ARE YOU ELIGIBLE FOR BENEFITS UNDER ANY WAGE OR SALARY CONTINUATION PLAN? Yes _____ No _____ If Yes, Give Amount Per Week Per Month

List the Names & Addresses of Your Employer(s) and Past Employers for the Period of 1 Year Prior to 11/16/2017

Employer's Name & Address	Job Title	Employed From	To
Employer's Name & Address	Job Title	Employed From	To

If you have had other expenses as a result of this injury, please list them on the reverse side.

Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Signed X_____ Date _____