

Your Information for the other driver

Fill this out and keep it in your glove compartment. In the event of an accident, you can focus on getting the other driver's information and not have to worry about finding your documents.

Name of driver _____

Phone: home/work/cell _____

License plate number/state _____

Driver's license number/state _____

Insurance company _____

Policy number _____

Make/model/yr _____

VIN _____

Be Prepared

1. Read your policy - what is covered
2. Carry emergency equipment and/or roadside kit and a first aid kit
3. Keep a pen in the glove compartment
4. Be sure you have your medical information
5. Keep a list of emergency numbers



As an independent agent, I am free to compare policies from many companies. I find that I can offer my clients:

- Coverage that best fits their needs
- Multiple vehicle discounts
- Discounts for bundling home and auto policies
- Competitive rates

Please call me so we can discuss how I may best serve you.



WHAT TO DO IN CASE OF AN ACCIDENT

1. Stay Calm.

- a. If operable, move to a place out of the way of oncoming traffic. Turn off the engine.
- b. Determine if anyone is injured. Do not move an injured person. Call 911.
- c. Look at the damage and take pictures

2. Call the police if needed or required by your area

- a. Stay at the accident scene unless your health or safety is at risk.
- b. If a police report is not filed, file an accident report with DMV

3. Limit discussion about the accident.

- a. Talk only with the police and your agent.
- b. Be careful what you say and do not admit fault or take responsibility.

4. Get facts and essential details at the scene.

- a. Use the form below.
- b. If possible, take pictures of documents.
- c. Give the other party your information.

5. Report an accident to your agent.

- a. My agent's number _____.
- b. Don't accept an offer to settle for payment on the spot. There may be more injury and damage than you think.

Date and Time _____

Location _____

Name of other driver _____

Phone: home/work/cell _____

License plate number/state _____

Driver's license number/state _____

Insurance company _____

Policy number _____

Name of witness _____

Phone number of witness _____

Make/model/yr _____

VIN _____