

SECTION 2 TO BE COMPLETED BY CLAIMANT (PLEASE PRINT)

CLAIMANT NAME _____ **ACCOUNT#** _____

SECTION 3 IF OTHER VEHICLE WAS INVOLVED, PROVIDE INFORMATION BELOW (PLEASE PRINT)

WAS OTHER VEHICLE INSURED				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
IF YES, ARE YOU MAKING A CLAIM AGAINST OTHER OWNER'S INSURANCE COMPANY				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
OTHER OWNER'S INSURANCE COMPANY NAME							
PHONE # ()		POLICY #					
OWNER OF OTHER VEHICLE		FIRST		MI		LAST	
DAYTIME PHONE # ()		ADDRESS					
CITY		STATE		ZIP			
DRIVER OF OTHER VEHICLE		FIRST		MI		LAST	
DAYTIME PHONE # ()		ADDRESS					
CITY		STATE		ZIP			
NAME OF WITNESS TO ACCIDENT		FIRST		MI		LAST	
DAYTIME PHONE # ()		ADDRESS					
CITY		STATE		ZIP			

SECTION 4 INSURANCE FRAUD WARNING

For your protection, where applicable, State law requires the following statement to appear on this form. Any person who knowingly and with intent to defraud, files an application for insurance or statement of claim containing any materially false or fraudulent information, or knowingly conceals material information for the purpose of misleading, may be guilty of a crime and subject to denial of coverage, fines, confinement in prison and/or civil penalties.

COLORADO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

FLORIDA

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KENTUCKY

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or 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, and subjects such person to criminal and civil penalties.

NEW YORK

Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

PENNSYLVANIA

Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.

I HAVE READ AND UNDERSTAND THE INFORMATION ON BOTH PAGES OF THIS FORM. I AFFIRM THE INFORMATION I HAVE PROVIDED HEREIN IS ACCURATE AND COMPLETE.

CLAIMANT SIGNATURE: _____ **DATE:** _____

**MAIL TO: YOSEMITE INSURANCE CO.
P.O. BOX 39
EVANSVILLE, IN 47701**

OR FAX TO: 1-800-350-9582

OR EMAIL TO: InsClaims@onemainfinancial.com

