



111 East Main Street \* Delphi IN 46923 \* 866-257-7364 \* 765-564-4635

## REPORT OF TRUCK/TRAILER FIRE

1. Please print your full name, home address and telephone number.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

2. Please print your business name, address and telephone number.

Business Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

3. Please provide your previous residence if living at the present address for less than five years.

Address	City	State	Zip Code	Length at Residence

4. Please provide your date of birth, place of birth, social security number and driver's license number.

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
 Social Security: \_\_\_\_\_ Drivers License: \_\_\_\_\_

5. Please provide the name, address and telephone number of the lien holder(s) of this truck/trailer. Please indicate the account number, etc.

Lienholder Name	Address	City	State	Zip Code	Phone	Account Number

6. Please list names, addresses and telephone numbers of all repair shops, garages, etc., where service or repairs have been performed on this truck/trailer within the past six months prior to this reported loss. If additional space is needed, please attach separate page. **Also attach copies of invoices, receipts, maintenance records, repair orders, etc.**

Name	Address	City	State	Zip Code	Phone

7. Please provide names, address and telephone numbers of all companies or person this truck/trailer has been leased to within the past year prior to this reported loss.

Name	Address	City	State	Zip Code	Phone

8. Please provide the name, address, telephone number and policy number of the following:

Current Insurance

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Previous Insurance

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Any other policy pertaining to the damaged truck/trailer

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

9. Please list all accidents involving THIS truck/trailer with in the past 5 years.

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10. Please list all other accidents that you have had within the past 5 years.

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11. Please list all names, addresses and telephone numbers of all drivers of this truck/trailer within the past 6 months prior to the reported claim

Name	Address	City	State	Zip Code	Phone

12. Please give the approximate amount of mileage accumulated on this truck/trailer during the past year prior to the reported loss. \_\_\_\_\_

13. Please give the name, address and telephone number of the business where tires were last purchased for this truck/trailer.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

14. Had you planned to sell or trade the vehicle subject to this report within the past year? If so, state the name and address of the firm, which rendered an appraisal of its value for such a trade or sale.

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15. Please attach a copy of the official police or fire department report concerning the loss of this truck/trailer. If you don't have this, please provide name, address, telephone number and/or report number of the responding authority.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

16. Please attach copies of the title, bill of sale, sales contract and state registration for this truck/trailer.

17. Complete the enclosed Truck/Trailer Identification form.

18. Complete the enclosed Authority to Release Information and Records for the Division of Motor Vehicle Records, etc. Please have notarized.

19. Please enclose copies of all available logbooks for this truck/trailer for the past 14 days including the day of the loss.

20. Please attach copies of all permit records for this truck/trailer, ICC, PSC, PUC, state and federal, for the past year.
21. Please attach a copy of the Line Set Sheet (Build Record) for this truck/trailer if purchased new by you.
22. Please attach a photograph of the truck/trailer (if available).
23. Please attach a complete list of all personal items left in the truck/trailer at the time of the reported loss.
24. Please attach a complete list of accessories on the truck/trailer, i.e., Citizens Band Radio, Cassette Tape Player, etc.
25. Please attach a written narrative from the last person that saw the vehicle, in his own words, of the circumstances surrounding this loss. Detail the location, persons present, etc. This narrative is essential to our investigation. Please be specific and record all that you can remember of the event that occurred. Use additional pages (s) if necessary.
26. Any sets of keys that are in your ownership for the current loss vehicle.

**It is agreed and understood that this document is not to be construed as a proof of loss as related to the policy condition, and**

**Is not to be construed as a waiver of any of the terms, conditions or provisions of the insurance policy insuring the vehicle described on the attached truck identification form.**

**Under penalties of perjury, I certify that the information provided in this document is true, correct and complete.**

\_\_\_\_\_

**Subscribed and Sworn Before Me This \_\_\_\_\_ Day of \_\_\_\_\_**

\_\_\_\_\_

**Notary Public**

**My Commission Expires: \_\_\_\_\_**

AUTHORIZATION AND CONSENT TO DISCLOSE INFORMAITON

I/We, the undersigned, authorize any employer, bank, savings institution, creditor, credit bureau, insurance company, mortgage, utility company, pawn shop, retail business, or governmental agency to release Insurance Program Administrators Inc or its authorized claim or legal representative, any financial, claims, credit, and indebtedness, or telephone records pertaining to:

Name & Business \_\_\_\_\_

Social Security Number (s) \_\_\_\_\_

Address \_\_\_\_\_

Former Address \_\_\_\_\_

Business Address \_\_\_\_\_

This information is authorized to permit processing of a claim made against Certain Underwriters at Lloyds of London arising out of loss on \_\_\_\_\_.

This authorization is valid for the duration of the claim and a photocopy of it is as valid as the original.

Note: For your protection, the law of your state requires the following to appear on this form: *Any person who knowingly, and with intent to injure, defraud, or deceive any insurance company or other persons who files a statement of claim containing any false, incomplete, or misleading information, may be guilty of a felony and subject to criminal and civil penalties. California only: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in a state prison. Florida only: Violation of this provision is a felony of the third degree.*

*I/We have read this authorization and acknowledge that I/We or my/our authorized representative may receive a copy upon request.*

Date \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_  
Signature(s) of Above Named