

**FILE A CLAIM FORM**

Your Driver_____	Address_____	Phone_____
Other Driver_____	Address_____	Phone_____
Witness_____	Address_____	Phone_____
Injured Persons_____		
Injured Person's Address_____		Phone_____
Police Report #_____	Date/Time_____	Police Dept._____
Where did accident happen_____		
Additional Info._____		

**FILE A CLAIM**

■MAIF  
1-800-492-7114

■AMERICAN INDEPENDENT  
1-800-954-2442

■PARAMOUNT  
1-800-783-4668

■BANKER'S INDEPENDENT  
1-800-954-2442

■FOREMOST  
1-800-527-3905

■FOUR CORNERS  
1-800-223-6973

■CAR CLUB  
1-800-221-8062