

ERIE embraces the principle of "equal professional service." That means that every applicant, Customer and claimant receives the high caliber service that is our hallmark. ERIE does not tolerate unlawful discrimination, and we expect our Agents to adhere strictly to that nondiscriminatory philosophy as well. ERIE assesses each risk on its own merits and relies on objective underwriting criteria designed to evaluate the nature and extent of each risk.

ERIE® property and casualty insurance services are provided by one or more of the following insurers: Erie Insurance Exchange, Erie Insurance Company, Erie Insurance Property & Casualty Company, and Flagship City Insurance Company (home offices: Erie, Pennsylvania) or Erie Insurance Company of New York (home office: Rochester, New York). The companies within the Erie Insurance Group are not licensed to operate in all states. Go to [erieinsurance.com](http://erieinsurance.com) for company licensure information.

The insurance products and rates, if applicable, described in this brochure are in effect as of January 2013 and may be changed at any time.

Insurance products are subject to terms, conditions and exclusions not described in this brochure. The policy contains the specific details of the coverages, terms, conditions, and exclusions.

The insurance products and services described in this brochure are not offered in all states. ERIE life insurance and annuity products are not available in New York.

Eligibility will be determined at the time of application based upon applicable underwriting guidelines and rules in effect at that time.

Your ERIE Agent can offer you practical guidance and answer questions you may have before you buy.

Equal opportunity insurer.

# In Case You Have an Accident



You've just been in an accident. Step one: take a deep breath. Now, continue reading the next steps to help you remember what to do.

## What to do when you have an accident:

- 1. Protect yourself**, your auto and any other property from further damage as best you can.
- 2. Call the police** as soon as possible if someone is injured, damage is extensive, your vehicle has been stolen or you need assistance.
- 3. Don't say you're liable** or sign a statement unless it's authorized by ERIE®.
- 4. Fill out the information on this card** while you are at the accident scene. This will help you later when you fill out the formal claim report that you need to file with your Agent or your local ERIE office.
- 5. Report the claim** to your Agent or to ERIE as soon as possible. For your convenience, you can also report the claim on ERIE's Web site at [erieinsurance.com](http://erieinsurance.com). And remember, under ERIE's auto policy, if you don't report the claim to ERIE or your Agent as soon as possible, an unconditional discharge of coverage can result. If you are a commercial driver, let your employer know about the accident right away.

**Fill out these questions to record all the details of the accident.**

My auto insurance policy number:

\_\_\_\_\_

My Agent's name and telephone number:

\_\_\_\_\_

### 1. Other Vehicle Involved

Make of Vehicle \_\_\_\_\_ Year \_\_\_\_\_

Type \_\_\_\_\_

Plate No. & State \_\_\_\_\_

Driver \_\_\_\_\_

Address \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Owner \_\_\_\_\_

Address \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Describe Damage \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

### 2. Witnesses/Occupants

( ) Witness ( ) Occupant

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

( ) Witness ( ) Occupant

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_



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**3. Persons Injured**

Name \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_  
Nature of Injuries \_\_\_\_\_  
Seat Belt Used: Yes \_\_\_\_\_ No \_\_\_\_\_  
Name of Hospital \_\_\_\_\_

\_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_  
Nature of Injuries \_\_\_\_\_  
Seat Belt Used: Yes \_\_\_\_\_ No \_\_\_\_\_  
Name of Hospital \_\_\_\_\_

\_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_  
Nature of Injuries \_\_\_\_\_  
Seat Belt Used: Yes \_\_\_\_\_ No \_\_\_\_\_  
Name of Hospital \_\_\_\_\_

\_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_  
Nature of Injuries \_\_\_\_\_  
Seat Belt Used: Yes \_\_\_\_\_ No \_\_\_\_\_  
Name of Hospital \_\_\_\_\_

**4. Police Investigation**

( ) Yes ( ) No  
Police Department \_\_\_\_\_  
Officer's Name \_\_\_\_\_  
ID No. \_\_\_\_\_  
Department Location \_\_\_\_\_  
Incident Number \_\_\_\_\_

**5. Date, Time and Place of Accident**

Date \_\_\_\_\_ Time: \_\_\_\_\_ a.m./p.m.  
State \_\_\_\_\_ County \_\_\_\_\_  
City \_\_\_\_\_  
On \_\_\_\_\_  
At or Near \_\_\_\_\_

**6. Property Damage other than Vehicle** (mailbox, buildings, fence, personal effects, etc.)

Property Owner \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_  
Describe Damage \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

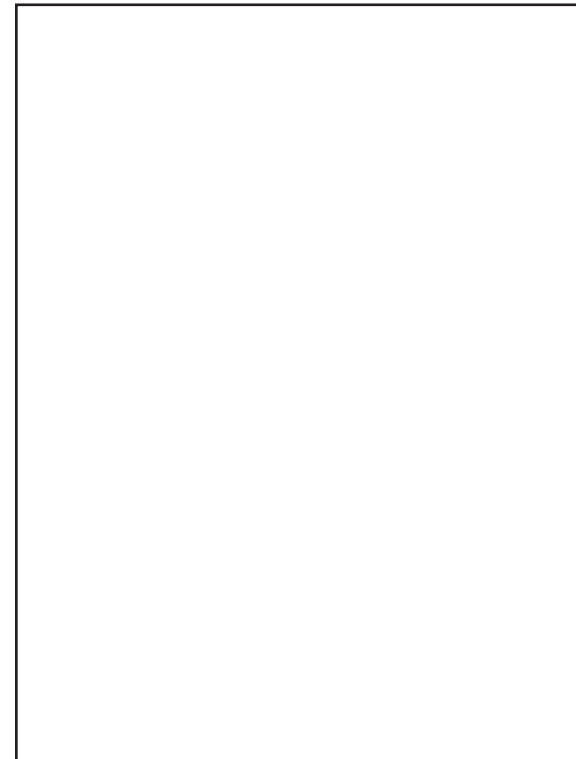
**7. Driver Account of Accident**

How fast was your vehicle going at the time of the accident? \_\_\_\_\_

What was the speed of the other vehicle? \_\_\_\_\_

Explanation of the accident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Draw a diagram of the accident below:



**Reporting your claim**

To report your claim from anywhere in the U.S. or Canada, call your Agent or the Claim Office\* listed below NEAREST YOUR HOME.

State	*Claim Office	Call Toll Free
IL	Illinois	888.335.3743
	Fort Wayne	800.892.5655
IN	Indianapolis	800.624.1620
	Silver Spring	800.492.2709
DC	Silver Spring	800.492.2709
MD	Silver Spring	800.492.2709
	Hagerstown	800.533.5602
NC	Charlotte	800.473.3882
	Raleigh	800.533.3982
NY	New York	800.333.0823
OH	Canton	800.362.6541
	Columbus	800.282.1702
PA	Allentown/Beth	800.322.9026
	Erie (Home Office)	800.458.0811
	Erie (Claims)	877.771.3743
	Harrisburg	800.382.1304
	Johnstown	800.241.4209
	Murrysville	800.553.3367
	Philadelphia	800.821.2902
Pittsburgh	800.922.1824	
VA	Richmond	800.322.3743
	Roanoke	800.533.3743
	Waynesboro	800.542.2250
TN	Knoxville	888.922.3743
WI	Wisconsin	877.740.3743
WV	Parkersburg	800.642.1948

\* If you have a claim, we are here to serve you 24 hours a day, 7 days a week!

\* To report your claim after hours (5:30 p.m. to 8:00 a.m.) or on weekends, please call your Agent or our After Hours Claims Service toll free at 1.800.367.3743.

\* To report a glass claim, call ERIEGlass at 1.800.552.ERIE (3743).

\* **CALL THE ERIE INSURANCE FRAUD FINDERS® HOTLINE Toll Free 1.800.368.6696** to confidentially report information on insurance fraud activities.

\* Provided as a courtesy by Erie Insurance. For additional brochures, call your ERIE Agent.