



Other Liability Insurance Form



Instructions

The Fund Office has received information regarding an accident/injury that may involve other insurance coverage such as:

- Homeowner's Insurance Policy
- All-Terrain Vehicle (ATV) Insurance Policy
- Commercial Liability Insurance Policy

Please complete this form by checking the appropriate box (and by providing pertinent information) to notify the Fund Office of other possible insurance coverage that *may* be involved and that *may* be paying as primary in relation to this specific accident/injury.

Participant Information

Participant ID	Injured Person
Participant First and Last Name	Date of Birth
Type of Accident Involved (Homeowners, ATV, Commercial)	Date of Accident

Other Insurance Information

Yes, there is other insurance
If you answered yes, please complete the following:

Insurance Carrier	Policy Holder
Address	Policy Number
Phone	Claim Number

No, there is no other insurance

Read before signing and submitting: It is fraudulent to fill out this form and either (1) provide information that you know to be false or (2) knowingly omit important facts. Criminal and/or civil penalties can also result from such acts. If any of the above-provided information is false or if important facts are omitted, I acknowledge and agree that I will reimburse the Fund for any money it was induced to pay as a result of the information I provided or important facts that I omitted.

Signature _____
Signature of the Person Submitting this Form

Name _____
Name of the Person Submitting this Form (print)

Signature _____
If applicable Signature of Patient over the age of 18

Name _____
Name (print)

Date of Signature _____