



P.O. Box 8128 ♦ Newport Beach, CA 92658 ♦ Phone 800.949.3274 ♦ Fax 949.851.1718

CERTIFICATION OF ACCIDENTS

RE: Policy #:
Date: Eff Date:
Exp Date: 12:01 AM

Company: Policy Type: PERSONAL AUTO

Dear: Policyholder

The following information is required to complete our underwriting file. Please forward each item within 30 days of the date of this letter. Failure to provide the requested information within the time required will result in the following; additional premium, cancellation or non-renewal of your policy.

La siguiente informacion es requerida para completar su poliza. Favor de responder y enviar lo requerido dentro de los siguientes 30 dias a partir de la fecha de esta carta. La falta de proveer la informacion requerida en el tiempo fijado pudiera resultar en un aumento a su poliza, la cancelacion de la misma o la negacion a ser restablecida.

A driver may be considered to be principally at-fault in an accident if the driver's actions or omissions were at least 51% of the proximate cause of the accident, and, in accidents not resulting in death, if the damage to the property of any one person caused by the accident exceeded \$1,000. Please describe all accidents in detail to assist with proper determination of points. Your accident history has an impact on the premium that you are charged. It is important that you disclose and describe all accidents and designate accidents as either at-fault or not-at-fault, and with or without injury, as this will assist with proper determination of points.

In addition to the above criteria an accident will not be considered chargeable if the description of any accident demonstrates the following:

1. The vehicle was lawfully parked at the time of the accident;
2. The vehicle was struck in the rear by another vehicle and the driver has not been convicted of a moving traffic violation in connection with the accident;
3. The driver was not convicted of a moving traffic violation in connection with the accident and the operator of the other vehicle involved in the accident was convicted
4. of a moving traffic violation;
5. The driver's vehicle was damaged as a result of contact with a vehicle operated by a "hit and run" operator and the accident was reported to legal authorities within
6. reasonable time after the accident;
7. The accident was a result of contact with animals, birds, or falling objects;
8. The accident was a solo vehicle accident that was principally caused by a hazardous condition of which a driver, in the exercise of reasonable care, would not have noticed (for example black ice) or in the exercise of reasonable care, would not have avoided (for example, avoiding a child running into the street).



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DRIVER _____			
Date of Accident	Were you considered 51% or more at fault?	Was anyone Injured?	Did total property damage exceed \$1,000?
1. _____	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No
2. _____	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No
3. _____	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No

DRIVER _____			
Date of Accident	Were you considered 51% or more at fault?	Was anyone Injured?	Did total property damage exceed \$1,000?
1. _____	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No
2. _____	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No
3. _____	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No

DRIVER _____			
Date of Accident	Were you considered 51% or more at fault?	Was anyone Injured?	Did total property damage exceed \$1,000?
1. _____	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No
2. _____	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No
3. _____	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No

Questions: For customer service call 800.949.3274 Monday thru Friday 8:00 a.m. – 6:30 p.m. Saturday 10: a.m. – 3:00 p.m. For claims information call 800.272.3922 Monday thru Friday 8:00 a.m. – 5:00 p.m.

Thank you again for trusting us with your business.

Pronto General Insurance Agency.

This form must be completed in full and properly signed

In accordance with Section 2632.13 of the California Insurance Code, I/we hereby certify under the penalty of perjury, that the above information is true and correct to the best of my knowledge.

Applicant Signature _____ Date _____