GENERAL LIABILITY ACCIDENT FORM

PLEASE PRINT CLEARLY

Summit Insure 610-356-0400 X104 for claims
When completed fax to 610-356-1794 or email cbaker@summitinsure.com

<table>
<tr><td colspan="4">Company Name and Address</td><td colspan="3">PO or Job #</td></tr>
<tr><td colspan="4">Accident Location</td><td colspan="3">Date of Accident</td></tr>
<tr><td colspan="4">Employee most knowledgeable about incident</td><td colspan="3">Time of Accident AM
PM</td></tr>
<tr><th colspan="7">PROPERTY DAMAGE OR INJURY INFORMATION</th></tr>
<tr><td colspan="7">Name, Owner or Injured</td></tr>
<tr><td colspan="7">Address City State and Zip</td></tr>
<tr><td colspan="7">Phone, include any cell phone numbers</td></tr>
<tr><td>Birthdate</td><td>Age</td><td colspan="5">Social Security Number</td></tr>
<tr><td colspan="7">Circle all that apply:
male female single married divorced widowed employed retired student property only</td></tr>
<tr><td colspan="7">Complicating Medical Conditions: i.e. diabetes, high blood pressure, asthma, etc</td></tr>
<tr><td colspan="2">Heavy Equipment involved:</td><td>Who driving:</td><td colspan="2">Used with Permission:
yes no</td><td colspan="2">Insured Damage</td></tr>
<tr><th colspan="7">ACCIDENT INFORMATION</th></tr>
<tr><td>Date you were made aware of claim:</td><td colspan="6">Claim is: property damage bodily injury insured damage medical payments theft fire product</td></tr>
<tr><td colspan="7">Accident Description:</td></tr>
<tr><td colspan="7"></td></tr>
<tr><td colspan="7"></td></tr>
<tr><td colspan="7"></td></tr>
<tr><td colspan="7"></td></tr>
<tr><td colspan="7"></td></tr>
<tr><td colspan="7">Witnesses:</td></tr>
<tr><td colspan="3">Authority Contacted: Report #:</td><td colspan="4">Violations:</td></tr>
<tr><td colspan="2">Is this a questionable accident: yes no</td><td colspan="5">$$ Estimate of damages</td></tr>
<tr><td colspan="7">Subrogation: Is any person, company or machinery responsible for injury: yes no If Yes, Give details:</td></tr>
<tr><td colspan="7">Any additional Information:</td></tr>
<tr><td colspan="4">Name and Signature of Person Completing Report</td><td colspan="3">Today Date:</td></tr>
</table>