SERVICE
When you buy insurance, you expect and deserve the best in service. That is what we provide. This pamphlet is designed to provide you with information and instructions in the event that you are involved in an accident. We are at your service... anywhere... at all times!

STEPS TO TAKE IF YOU HAVE AN ACCIDENT

1. **STOP** immediately and investigate... regardless of how minor the accident may appear.

2. **PREVENT** further accidents. Warn other drivers with a light, flag or similar devices.

3. **HELP** the injured to the extent that you are qualified. Then call a doctor or hospital immediately.

4. **CALL** a law officer. Do not discuss the accident with anyone except the police, your agent, or a properly identified claim representative of your Company.

5. **REPORT** the accident as soon as possible to your insurance agent or the nearest Claim Office listed on the following pages.

6. **OBSERVE** and write down all information needed to complete the Accident Report Form provided in this pamphlet.

7. **IF** your policy affords Automobile Bodily Injury Liability and Property Damage Liability coverage and you should require a Release of Attachment or Bail Bond, the premium for such bond will be paid by the insuring Company in accordance with the terms of the policy.

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**HRH Company of Virginia**

Hilb, Rogal and Hamilton Company of Virginia

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Regent University
Insurance Company:
Hanover Insurance Company
Policy Number:
ADR831559102
Policy Period:
07/01/2008 – 07/01/2009
IMPORTANT FACTS AND INFORMATION TO RECORD AT TIME OF ACCIDENT:

INFORMATION ON OTHER VEHICLE:
- Yr/Make/Model:
- Lic Tag #: State:
- Owner’s Name:
- Address:
- Phone #:
- Insurance Co.Name:
- Driver’s Name:
- Driver’s Lic.#: State:
- Address:
- Phone #:

ACCIDENT FACTS:
- Date of Acc:
- Time of Acc:
- Location:
- Police Report #:
- Any Tickets Issued?

INJURED PERSONS:
- Name:
- Address:
- Phone #:
- Extent of Injury:
- Name:
- Address:
- Phone #:
- Extent of Injury:
- Name:
- Address:
- Phone #:
- Extent of Injury:

WITNESSES:
- Name:
- Address:
- Phone #:

INSURED VEHICLE AND DRIVER INFORMATION:

INFORMATION ON YOUR VEHICLE:
- Yr/Make/Model:
- Lic Tag #:
- Vin #:
- Driver’s Name:
- Lic #:
- Phone #:

*Diagram:

*Use this diagram to indicate the position of all vehicles involved in the accident.

NOTE: When completed, give or send these facts to your Agent at the earliest convenience.