

Date: _____

Insured's name: _____

Dependent: _____

Please complete in full, sign and return to Tongass Timber Trust.

1. Date, exact location and complete details of the accident.
2. Names and addresses of any other parties involved in the accident. If the accident occurred on private property, the name and address of the owner of the property.
3. Name and address of the other party's insurance carrier. Include the policy number, if known.
4. Name, address, policy number and policy type of any other insurance that you have which may cover this accident.
5. Name and address of your attorney, if one has been retained.
6. Name and address of the other party's attorney.
7. Has, or will, a suit be filed due to this accident? If yes, has a court date been set?
8. If you have a copy of the police report, please send us a copy. If you do not, please obtain a copy and forward to us.

I certify that to the best of my knowledge the above information is correct. I understand that my group policy contains a provision which allows Tongass Timber Trust to pursue recovery of policy benefits paid due to the wrongful act of negligence of a third party. I also agree to do whatever is reasonably necessary to assist Tongass Timber Trust in pursuing its subrogation rights and that I will reimburse Tongass Timber Trust any monies received, not to exceed policy benefits paid, in settlement of my claim against the third party.

Insured's Signature _____ Date _____