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## GENERAL ACCIDENT QUESTIONNAIRE

Name of Insured: \_\_\_\_\_ Person Injured: \_\_\_\_\_

Certificate Number: \_\_\_\_\_ Date of Accident: \_\_\_\_\_

Please complete the questionnaire below and return to IMG so that we can update our records. Processing may be delayed without this information.

1. Please provide exact details of the accident, including date, time, place and how it occurred. Please provide the address where the injury happened along with the property owner's name, name of the property/casualty insurance company insuring the property and its complete address and telephone number along with the policy number.
2. Was this accident related to your employment? If so, please provide employer's complete name and address.
3. Was a police report filed? If so, please provide a copy of this report.
4. If this injury was the result of a motor vehicle accident, please provide the name, address and telephone number of the auto insurance carrier handling this claim.
5. Was this accident related to an organized or sanctioned athletic activity, involving regular or scheduled games and/or practices? If so, was an accident report filed with the sports coordinator? Please provide a copy of any related accident reports.
6. In the event you have hired legal counsel, please provide IMG with the complete name, address and telephone number of the attorney.

I certify, under penalty of perjury, that: (1) all of the foregoing answers are true and correct based upon all of the information known or available to me; (2) I have not omitted or failed to disclose any fact that would change, alter or affect any of the foregoing answers; and (3) my failure to fully and accurately respond to each of the foregoing questions will violate my duties to IMG and could result in loss of coverage or void my Insurance Contract.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_