



Where do I send my application forms?

Please follow the instructions below.

1. If you Own, Lease, or Have Regular use of a Company Automobile

As of the date of the accident did you, your spouse or someone you are dependent on (please check all the options that apply to you):

- Own an automobile?
- Lease or have a contract to rent an automobile for more than 30 days?
- Drive a company automobile which was made available for your regular use?
- Yes – If you checked only one, send the forms to the insurance company that insures this automobile. No – If none apply, continue to #2.
- Yes – If you checked more than one, send the forms to the insurance company of the vehicle in which you were an occupant at the time of the accident.
- Yes – If you checked more than one and were not an occupant in either of the automobiles, send the forms to the insurer of either vehicle (you choose).

2. If You are a Listed Driver

Are you listed as a driver on somebody else's insurance policy?

- Yes – If yes, send your forms to the insurance company that issued the policy you are listed on.
- No – If no, continue to #3.

The following categories only apply if:

- You, your spouse or someone that you are dependent upon **does not own, lease, or regularly use a company** automobile.
- You are **not listed** as a driver on a policy.

3. Occupant of Somebody Else's Automobile

Were you an occupant of somebody else's automobile that was insured at the time of the accident?

- Yes – If yes, send your forms to the insurance company that insures this automobile.
- No - If no, continue to #4.

4. Pedestrian or Bicyclist

Were you a pedestrian or a bicyclist struck by an automobile that was insured at the time of the accident?

- Yes - If yes, send your forms to the insurance company of the automobile that struck you.
- No – If no, continue to #5.

5. Uninsured Automobile

Were you an occupant of an automobile that was not insured at the time of the accident?

- Yes – If yes, send your forms to the insurance company of any other automobile that was involved in the accident.
- No – If no, continue to #6.



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6. None of the Above Apply

If you do not have automobile insurance and no other automobile involved in the accident either has automobile insurance or can be identified, you may be entitled to obtain accident benefits from the Motor Vehicle Accident Claims Fund. Please complete the entire application package and see Part 11.