

Employee:
Employee ID#:
Claim:
Claimant:
Service Dates:

This questionnaire is being completed for the following condition:

1. Date of injury or onset of condition: _____
Time: _____ () AM () PM.
2. How did your injury or condition occur: _____

3. Address or Location where injury/onset occurred: _____

4. Are you the property owner? () YES () NO If No, go to #5.
If Yes, go to #6
5. Location name _____ () School () Residence () Business
() Other
Owner's Name _____ Phone _____ Address _____

Insurance Co _____ Policy# _____ Claim# _____
Adjuster or Agent's Name _____ Phone# _____
6. Was this injury/condition due to any employment including side
jobs? () Yes () No
If yes, please provide the Workers Compensation insurance
name. _____
Telephone# _____ Claim# _____
7. Was this injury/condition due to any military service? () Yes
() No.
8. If injury occurred in, on or near an all terrain vehicle,
snowmobile, boat or watercraft please describe the vehicle _____
_____ Are you the owner? () Yes () No
Does the vehicle have any coverage? () Yes () No
Provide Owner's name _____ Phone# _____

Insurance Company _____ Policy# _____ Claim# _____
Adjuster or Agent's Name _____ Phone# _____

9. Did the injury occur in a motor vehicle accident? () Yes () No

If no, go to #10.

*****PLEASE PROVIDE COPY OF THE POLICE
REPORT*****

I was a () Driver () Passenger () Pedestrian () Bicyclist

Your auto insurance carrier _____ Policy# _____

Agent/adjuster name _____ Phone# _____

If you were the driver, did you own the vehicle? () Yes () No

If no, provide the following:

Owner's name _____ Phone# _____

Insurance carrier name _____ Phone# _____

Policy# _____

Were any other vehicles involved? () Yes () No If no, go to #10

Other driver's name _____ Phone# _____

Auto insurance carrier _____ Policy# _____

Agent/adjuster name _____ Phone# _____

Claim# _____

Please provide the same information for any other vehicles on the
back of this form.

10. Do you plan to retain an attorney or seek reimbursement from any
other source? () Yes () No

If yes, please provide the name, address and telephone number of
the attorney or any other source. _____

Member's signature

Date

Lineco may contact provider under separate cover.