




IN THE EVENT OF AN ACCIDENT, PLEASE FOLLOW THESE STEPS:

1. Remain at the scene.
2. Call the police to report the accident.
3. Avoid detailed discussion of the accident or admission of fault.
4. Exchange insurance information with the other driver(s).
 - See the guide on the reverse side.
 - Attempt to collect from any persons involved: name, address, phone, license plate, and insurance.
5. Take photos of the scene and any related damages.
6. Promptly notify us of all accidents, regardless of fault, and even if damage is minor.

TO REPORT A CLAIM:

-  Call: [Phone Number]
-  Online: www.wnins.com
-  Agent: [Agency Name]
[Agency Address]
[Agency Phone Number]

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(Fold Here)



Western National Assurance Company
Insurance Identification Card

INSURED	[Named Insured]
POLICY NUMBER	[Policy Number]
EFFECTIVE DATE	[XX/XX/XXXX to XX/XX/XXXX]
VEHICLE	[Year Make Model]
VIN	[VIN Number]
AGENCY	[Agency Name]
	[Agency Phone Number]

COVERAGE PROVIDED BY THIS POLICY MEETS THE MINIMUM LIABILITY LIMITS PRESCRIBED BY LAW. THIS CARD MUST BE CARRIED IN THE INSURED MOTOR VEHICLE AT ALL TIMES.



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Minnesota Residents Only - The law requires glass vendors to only charge you a competitive price that is fair and reasonable within the local area of the repair. Some vendors may attempt to charge you a higher price and, if they do, you could be responsible for the excess charges.

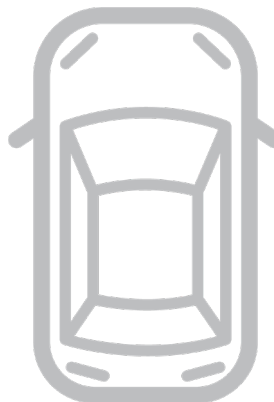
In the event of an accident, we encourage you to collect the below outlined information. When safe to do so, we recommend taking photos of damage to vehicles or other property involved. All parties should contact their insurance company to report the accident.

DATE AND LOCATION OF ACCIDENT:

Date _____ Time _____ City/State _____

Cross Street Names _____

DESCRIPTION OF ACCIDENT AND CIRCLE DAMAGED AREAS:



OTHER DRIVERS INSURANCE INFORMATION:

Name _____ Phone _____ Year/Make/Model _____

License Plate No _____ Insurance Carrier _____ Policy Number _____

Name _____ Phone _____ Year/Make/Model _____

License Plate No _____ Insurance Carrier _____ Policy Number _____

WITNESSES OR PASSENGERS:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

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IF YOU'RE IN AN ACCIDENT

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- Call the police to report the accident.
- Exchange insurance information with the other driver(s).
- Take photos of the scene and related damages.

FOR ROADSIDE ASSISTANCE CALL

[Phone Number]

TO REPORT A CLAIM

[Phone Number] | www.wnins.com

or contact your Independent Insurance Agent

Pursuant to Minnesota Law: Failure to provide proof of insurance at the request of law enforcement officials or within the time specified is a misdemeanor punishable by a fine and/or possible jail time, and revocation of driving privileges.

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