


Automobile Insurance – Willamette University Funded Travel

Prior to your trip, print Form 1 and 2.

You will need to present the Insurance Identification Card to the Car Rental Company at time of rental.

AUTOMOBILE LIABILITY - INSURANCE IDENTIFICATION CARD		
COMPANY: College Liability Insurance Company		
POLICY NO. OR13009	EFFECTIVE DATE 7/01/2009	EXPIRATION DATE 7/01/2010
COVERAGE: Combined Single Limit \$500,000 for All Owned, Non-Owned & Hired Autos		
AGENCY/COMPANY ISSUING CARD: Marsh USA Inc. 111 S.W. Columbia, #500 Portland, OR 97201 (503) 248-6400		
INSURED: Willamette University		

HIRED AUTOMOBILE PHYSICAL DAMAGE - INSURANCE IDENTIFICATION CARD		
COMPANY: Self - Insured		
POLICY NO. WCCC.APD.09.1	EFFECTIVE DATE 7/01/2009	EXPIRATION DATE 7/01/2010
COVERAGE: \$35,000 Limit with \$1,000 Ded. Comprehensive / \$2,500 Ded. Collision		
Report Physical Damage Claims to: Marsh USA Inc. 1301 5 th Avenue Seattle, WA 98101-2682 (206) 214.3090		
INSURED: Willamette University		



Dept: _____ Supervisor: _____
Date: _____ Time: _____
Location _____

Name of Employer: _____
Address: _____

Phone _____

Driver's Name: _____
Driver's Age: _____
Address: _____

Phone _____

Vehicle _____
Year Make Model

Equip. #: _____
Serial #: _____
License #: _____
Damage: _____

OTHER DRIVER(S) & VEHICLE(S)

Address: _____

Address: _____

Phone _____

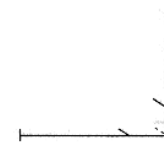
Vehicle _____
Year Make Model

License #: _____

Damage: _____

DESCRIPTION OF ACCIDENT

DIAGRAM



PERSON(S) INJURED

Age: _____
Address: _____

Phone: _____

Extent of Injury: _____
 Insured's vehicle Other vehicle Ped.

Name: _____ Age: _____

Address: _____

Phone: _____

Extent of Injury: _____
 Insured's vehicle Other vehicle Ped.

Where Taken After Accident: _____