



**WILSON GREGORY
NEWSPAPER ON-ROUTE FORM**

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**MUST BE COMPLETED BY AN AUTHORIZED REPRESENTATIVE TO
DETERMINE WHETHER ACCIDENT WAS "ON ROUTE"**

Date Completed _____

Name of Individual _____ Route # _____

Address _____

Date of Enrollment _____ Policy # _____ Acct # _____ Monthly Premium \$ _____

Is Individual Adult Youth

Time of regular delivery and frequency? From _____ AM PM To _____ AM PM M-F M-S

Product pick-up location? DC Plant Other (describe) _____

Date of accident? _____ at _____ AM PM Location: _____

Did accident happen inside property line of Individual? _____

Describe what individual was doing at the time of injury? _____

Did individual miss time during official duties? Yes No Dates: From _____ To _____

Provide address of accident location? _____

Is accident location within boundaries of established route? Yes No

Does individual deliver multiple products? Yes No

If so, please list: _____

Was last delivery completed prior to accident? Yes No

Was this an auto accident? Yes No

Is individual required to carry business auto coverage? Yes No

Was a police report completed? Yes No

Names and addresses of all persons and witnesses from whom you received the above information _____

Comments: _____

I hereby affirm the above information is a complete and accurate statement of the facts as I understand them, and that on (date) _____, 20____, referenced individual enrolled in coverage, received a Certificate of Coverage and paid the full monthly premium covering each month of coverage.

Authorized Representative _____ Title _____

Company _____ Date _____

"Warning: Any person knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime and subject to criminal and civil penalties."

LETTER OF RECOMMENDATION

I have carefully considered all the facts in connection with this claim and in consideration of the above referenced information, I hereby recommend it be considered for On-Route status. **NOTE: Do not sign this Letter of Recommendation if it was not an "ON ROUTE" accident.**

Signed _____ Date _____
Authorized Representative

Company _____