

**EXCHANGE OF INFORMATION FORM
COMPLETE AND GIVE TO OTHER PARTIES INVOLVED IN THE ACCIDENT**

POLICYHOLDER'S NAME _____

ADDRESS _____

DAYTIME PHONE # _____

INSURANCE AGENT _____

INSURANCE COMPANY _____

INS CO PHONE # _____

POLICY # _____

ACORD 12 (2/95)

© ACORD CORPORATION 1995

**EXCHANGE OF INFORMATION FORM
COMPLETE AND GIVE TO OTHER PARTIES INVOLVED IN THE ACCIDENT**

POLICYHOLDER'S NAME _____

ADDRESS _____

DAYTIME PHONE # _____

INSURANCE AGENT _____

INSURANCE COMPANY _____

INS CO PHONE # _____

POLICY # _____

ACORD 12 (2/95)

© ACORD CORPORATION 1995