BESNARD & ASSOCIATES INSURANCE

Amerisure Insurance
The Advantage of Partnership

******ADDITIONAL STATEMENTS******

Please use this form to gather additional written statements from the claimant about the accident as well as any additional witnesses

CLAIMANT STATEMENT

(Please explain in detail how the accident occurred? What are your complaints/injuries?)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Signature_____ Date_____

I confirmed this information is accurate and true.

WITNESS STATEMENT

(What did you see, what do you remember? Were there any additional witnesses? What did the injured worker tell you?)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Signature_____ Date_____

I confirmed this information is accurate and true.