Ohio **INSURANCE IDENTIFICATION CARD**

COMPANY NUMBER | COMPANY | [X] COMMERCIAL | [ ] PERSONAL

IUC Risk Mgmt & Ins Consortium (937) 775-3908

POLICY NUMBER: IUCIC AL-JULY 2026-2028

EFFECTIVE DATE: 07/01/2026

EXPIRATION DATE: 07/01/2028

YEAR | MAKE/MODEL: "FLEET"

VEHICLE IDENTIFICATION NUMBER

AGENCY/COMPANY ISSUING CARD

Marsh USA LLC
One Towne Square Suite 1100
Southfield, MI 48076

INSURED

Wright State University Risk Management
240 University Hall
Dayton, OH 45435

SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE KEPT IN THE INSURED VEHICLE AND PRESENTED UPON DEMAND

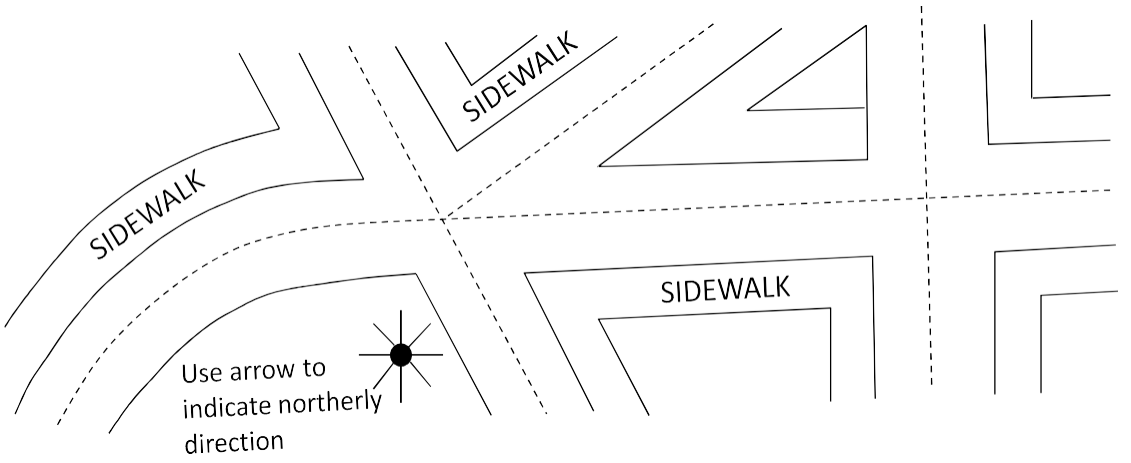
IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

THE FRONT OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

ACORD 50 WM (2007/03)

ACCIDENT SCENE DIAGRAM



Indicate location of all traffic signals, stop signs, speed limit signs, etc.

Indicate location of all vehicles/pedestrians and witnesses.

If serious accident, contact the University immediately.

University Name: Wright State University

Reported by (name of person completing this report):

Is vehicle drivable?

Additional Information:

Accident Reporting Kit For
Inter University Council Insurance Consortium

What to do in case of an accident?

STOP
Turn off ignition.

PROTECT
Guard the scene from further damage.

ASSIST
Render only what first aid you are qualified to give. Don't move injured unless absolutely necessary. For serious injury, call an ambulance.

CALL
Notify local police department. In many states it is unlawful to leave the accident without permission. Cooperate with the authorities. If the police do not arrive at the scene proceed to the local police department and file a desk report.

OBTAIN
Get all the necessary information for an accurate report (include witness information where applicable).

REPORT
Follow internal procedures. Report all accidents to your department manager for the University.

AVOID
Do not discuss the facts of the accident with anyone other than a law enforcement agency or a representative of your company.

THIS ACCIDENT REPORTING KIT SHOULD BE CARRIED IN THE GLOVE COMPARTMENT OF YOUR VEHICLE AT ALL TIMES.

POLICYHOLDER INFORMATION

See Auto Insurance card.

ACCIDENT/LOSS

Date and time of accident:

Location of Accident (Street, City, State, Zip):

Description of Accident:

CONDITIONS

Weather (ex. Clear, Cloudy, Fog, Rain, Sleet, Snow, Other (explain)):

Speed Limit:

AUTHORITY CONTACTED

Name:

Badge #:

Report #:

Citation Issued? (Yes or No):

If so, against whom:

UNIVERSITY VEHICLE

VIN:

Year:

Make:

Model:

Plate #:

State:

Driver's Name:

Driver's License #:

Address:

Phone: ( )

Description of Damage:

Description of Injuries:

OTHER VEHICLE INFORMATION

Description of Property:

If Auto — Year, Make, Model, Plate #:

Driver's Name:

Driver's License #:

Address:

Phone: ( )

Owner's Name & Address, if Different Than Driver:

Description of Damage:

Description of Injuries:

INJURED

Name:

Address:

Phone:

Pedestrian:

Insured Vehicle:

Other Vehicle:

Extent of Injuries:

Name:

Address:

Phone:

Pedestrian:

Insured Vehicle:

Other Vehicle:

Extent of Injuries:

Name:

Address:

Phone:

Pedestrian:

Insured Vehicle:

Other Vehicle:

Extent of Injuries:

Was anyone taken from the scene by ambulance (If Yes, who)?

WITNESSES, INCLUDING PASSENGERS

Name Address Phone:

Insured:

Vehicle:

Other:

Vehicle:

Other (Specify):

Name Address Phone:

Insured:

Vehicle:

Other:

Vehicle:

Other (Specify):

Name Address Phone:

Insured:

Vehicle:

Other:

Vehicle:

Other (Specify):