

# AUTOMOBILE INSURANCE CERTIFICATE

Issued by

## PHOENIX INDEMNITY COMPANY

To  
**Forrest C. Allen**


of **Lawrence, Kansas** who is insured under

Policy No. **A 214235** Expiring **3/15/41**  
(unless cancelled prior thereto)

### TO ANY REPRESENTATIVE OF THE COMPANY:

On presentation of this Certificate, you are requested to render our Assured the services specified on the reverse hereof and to extend every courtesy reasonably within your power. In case of an accident covered by our policy, or should a release of attachment bond be required, you are authorized to telegraph the Company, collect, for verification of coverage, and instructions.

Policy Issued by **Charlton Ins. Agcy.**  
**Lawrence, Ks.**

  
President

## EMERGENCY ACCIDENT REPORT

### The Accident

A. M.  
P. M.

Date \_\_\_\_\_ Hour \_\_\_\_\_

Place where Accident occurred (St. or Rd.) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

### Your Car

Engine No. \_\_\_\_\_ Mfrs. Serial No. \_\_\_\_\_

Make of Car \_\_\_\_\_ Age of Driver \_\_\_\_\_

Name of Owner \_\_\_\_\_

Name of Driver  
The Other Car

Name of Owner \_\_\_\_\_

Address of Owner  
Description of Accident

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