

# Bailment Form



**To complete this form by hand:**

- 1 Print all pages of the form.
- 2 Complete the form by filling in each space with black or blue ink. Do not use pencil.
- 3 When finished, mail the form to Plymouth Rock's Claims Department at the address provided at the bottom of the form.



**To complete this form electronically:**

- 1 Save this writable PDF to your computer, then open it using Adobe's Acrobat Reader.
- 2 Complete the form by typing in each field and/or checking the appropriate buttons. *Tip: you can tab from field to field.*
- 3 When finished, save and print the form. Then mail the form to Plymouth Rock's Claims Department at the address provided at the end of the form.

Or



**Complete this form to the best of your knowledge and belief. DO NOT GUESS at any answers. If you don't know the answer to a question, leave that field blank. Please call your Claim Representative if you need help.**

**CLAIM NUMBER**

(12-digit number)

**DRIVER'S AFFIDAVIT**

To be completed by the **driver** of the vehicle involved in the accident.

I was the driver of a \_\_\_\_\_ which was involved in an accident on \_\_\_\_/\_\_\_\_/\_\_\_\_, with a  
Year, Make and Model of the Vehicle Date (mm/dd/yyyy)  
 vehicle owned by \_\_\_\_\_. I borrowed the car from its owner for my own personal purposes.  
Name of Driver of Other Vehicle

The owner of the vehicle gave me no instructions regarding operation or route, and I was in no way acting under his/her direction or control in the use of his/her vehicle.



Driver's Signature

\_\_\_\_\_/\_\_\_\_/\_\_\_\_

Date

**STATEMENT OF OWNER TO SUPPORT BAILMENT**

To be completed by the **owner** of the vehicle involved in the accident.

I am the owner of a \_\_\_\_\_ which was involved in a accident on \_\_\_\_/\_\_\_\_/\_\_\_\_. I was not  
Year, Make and Model of Your Vehicle Date (mm/dd/yyyy)  
 a passenger in my vehicle at the time of the accident, and I lent my car to \_\_\_\_\_ for his/her own  
Name of Driver of Your Vehicle

personal purposes. I gave him/her no instructions regarding the operation or route, and he/she was in no way acting under my direction or control in the use of my vehicle.



Owner's Signature

\_\_\_\_\_/\_\_\_\_/\_\_\_\_

Date

**Return This  
Form To**

**Claims Department**

Plymouth Rock Assurance Corporation, PO Box 9112, Boston, MA 02112-9112

*Thank you.*