



Accident Recovery Bid Form

Please complete this form and mail or fax it to us.

Mail to:
Liddell Brother, Inc.
600 Industrial Drive
Halifax, MA 02338

Fax to:
781-293-4791

Your Name	<input type="text"/>
Your Company	<input type="text"/>
Phone	<input type="text"/> Ext: <input type="text"/>
Date of Loss	<input type="text"/>
File / Claim #	<input type="text"/>
Insured Name	<input type="text"/>
Operator Name	<input type="text"/>
Accident Street/Route	<input type="text"/>
Accident Town/City	<input type="text"/>
Accident State	<input type="text"/>
Nearest Mile Marker	<input type="text"/>
Other Landmarks	<input type="text"/>
Property Damage	<input type="text"/>
Accident Investigated by State Police?	<input type="radio"/> Yes <input type="radio"/> No
Accident Investigated by Local Police?	<input type="radio"/> Yes <input type="radio"/> No
Enter Any Additional Comments Here:	