

# ACORD™ AUTOMOBILE LOSS NOTICE

DATE

PRODUCER	PHONE (A/C, No, Ext):	COMPANY	NAIC CODE:	MISCELLANEOUS INFO (Site & location code)			
		POLICY NUMBER		REFERENCE NUMBER		CAT #	
CODE:	SUB CODE:	EFFECTIVE DATE	EXPIRATION DATE	DATE OF ACCIDENT AND TIME		AM	PREVIOUSLY REPORTED
AGENCY CUSTOMER ID:						PM	YES NO

<b>INSURED</b>		<b>CONTACT</b>		CONTACT INSURED	
NAME AND ADDRESS		SOC SEC # OR FEIN:		NAME AND ADDRESS	
RESIDENCE PHONE (A/C, No)		BUSINESS PHONE (A/C, No, Ext)		RESIDENCE PHONE (A/C, No)	
				BUSINESS PHONE (A/C, No, Ext)	
				WHERE TO CONTACT	
				WHEN TO CONTACT	

LOCATION OF ACCIDENT (Include city & state)		AUTHORITY CONTACTED:	Violations/Citations
		REPORT #:	
DESCRIPTION OF ACCIDENT (Use separate sheet, if necessary)			

<b>POLICY INFORMATION</b>						
BODILY INJURY (Per Person)	BODILY INJURY (Per Accident)	PROPERTY DAMAGE	SINGLE LIMIT	MEDICAL PAYMENT	OTC DEDUCTIBLE	OTHER COVERAGE & DEDUCTIBLES (UM, no-fault, towing, etc)
LOSS PAYEE					COLLISION DED	
UMBRELLA/ EXCESS	UMBRELLA	EXCESS	CARRIER:	LIMITS:	AGGR	PER CLAIM/OCC SIR/ DED

<b>INSURED VEHICLE</b>						
VEH #	YEAR	MAKE:	BODY TYPE:	PLATE NUMBER	STATE	
		MODEL:	V.I.N.:			
OWNER'S NAME & ADDRESS				RESIDENCE PHONE (A/C, No):		
				BUSINESS PHONE (A/C, No, Ext):		
DRIVER'S NAME & ADDRESS				RESIDENCE PHONE (A/C, No):		
(Check if same as owner)				BUSINESS PHONE (A/C, No, Ext):		
RELATION TO INSURED (Employee, family, etc.)	DATE OF BIRTH	DRIVER'S LICENSE NUMBER		STATE	PURPOSE OF USE	
					USED WITH PERMISSION? YES NO	
DESCRIBE DAMAGE	ESTIMATE AMOUNT	WHERE CAN VEHICLE BE SEEN?		WHEN CAN VEH BE SEEN?	OTHER INSURANCE ON VEHICLE	

<b>PROPERTY DAMAGED</b>		
DESCRIBE PROPERTY (If auto, year, make, model, plate #)	OTHER VEH/PROP INS? YES NO	COMPANY OR AGENCY NAME: POLICY #:
OWNER'S NAME & ADDRESS		RESIDENCE PHONE (A/C, No):
		BUSINESS PHONE (A/C, No, Ext):
OTHER DRIVER'S NAME & ADDRESS		RESIDENCE PHONE (A/C, No):
(Check if same as owner)		BUSINESS PHONE (A/C, No, Ext):
DESCRIBE DAMAGE	ESTIMATE AMOUNT	WHERE CAN DAMAGE BE SEEN?

<b>INJURED</b>						
NAME & ADDRESS	PHONE (A/C, No)	PED	INS VEH	OTH VEH	AGE	EXTENT OF INJURY

<b>WITNESSES OR PASSENGERS</b>				
NAME & ADDRESS	PHONE (A/C, No)	INS VEH	OTH VEH	OTHER (Specify)

REMARKS (Include adjuster assigned)			
REPORTED BY	REPORTED TO	SIGNATURE OF INSURED	SIGNATURE OF PRODUCER