

ACORD® AUTOMOBILE LOSS NOTICE

DATE (MM/DD/YY)

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

INSURED				CONTACT				CONTACT INSURED					
NAME AND ADDRESS						NAME AND ADDRESS						WHERE TO CONTACT	
RESIDENCE PHONE (A/C, No)						BUSINESS PHONE (A/C, No, Ext)		RESIDENCE PHONE (A/C, No)		BUSINESS PHONE (A/C, No, Ext)			
												WHEN TO CONTACT	

LOSS											
LOCATION OF ACCIDENT (Include city & state)						AUTHORITY CONTACTED: REPORT #:		VIOLATIONS/CITATIONS			
DESCRIPTION OF ACCIDENT (Use reverse side, if necessary)											

POLICY INFORMATION													
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:		PER CLAIM		PER OCCUR	
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INSURED VEHICLE																	
VEH #		YEAR		MAKE:				BODY TYPE:		PLATE NUMBER		STATE					
				MODEL:				V.I.N.:									
OWNER'S NAME & ADDRESS						RESIDENCE PHONE (A/C, No):											
DRIVER'S NAME & ADDRESS						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					

PROPERTY DAMAGED													
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):							
OTHER DRIVER'S NAME & ADDRESS						BUSINESS PHONE (A/C, No, Ext):							
DESCRIBE DAMAGE						ESTIMATE AMOUNT		WHERE CAN DAMAGE BE SEEN?					

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

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

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