



AUTOMOBILE LOSS NOTICE

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext):	COMPANY	NAIC CODE:	MISCELLANEOUS INFO (Site & location code)			
FAX (A/C, No):	E-MAIL ADDRESS:	POLICY NUMBER	POLICY TYPE	REFERENCE NUMBER	CAT #		
CODE:	SUB CODE:	EFFECTIVE DATE	EXPIRATION DATE	DATE OF ACCIDENT AND TIME	<input type="checkbox"/> AM	PREVIOUSLY REPORTED	
AGENCY CUSTOMER ID:					<input type="checkbox"/> PM	YES	NO

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

LOSS		AUTHORITY CONTACTED:		VIOLATIONS/CITATIONS	
LOCATION OF ACCIDENT (Include city & state)		REPORT #:			
DESCRIPTION OF ACCIDENT (Use separate sheet, 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:	AGGR	PER CLAIM/OCC
						SIR/ DED

INSURED VEHICLE						
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? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DESCRIBE DAMAGE	ESTIMATE AMOUNT	WHERE CAN VEHICLE BE SEEN?		WHEN CAN VEH BE SEEN?	OTHER INSURANCE ON VEHICLE	

PROPERTY DAMAGED VEHICLE?		YES	NO
DESCRIBE PROPERTY (If auto, year, make, model, plate #)		OTHER VEH/PROP INS? <input type="checkbox"/> YES <input type="checkbox"/> 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?	

INJURED							
NAME & ADDRESS		PHONE (A/C, No)	PED	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 INSURED	SIGNATURE OF PRODUCER