



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	
RESIDENCE PHONE (A/C, No):	BUSINESS PHONE (A/C, No, Ext):	RESIDENCE PHONE (A/C, No):	BUSINESS PHONE (A/C, No, Ext):		
CELL PHONE (A/C, No):	E-MAIL ADDRESS:	CELL PHONE (A/C, No):	E-MAIL ADDRESS:		

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):			
DRIVER'S NAME & ADDRESS			BUSINESS PHONE (A/C, No, Ext):			
(Check if same as owner)			RESIDENCE PHONE (A/C, No):			
RELATION TO INSURED (Employee, family, etc.)			BUSINESS PHONE (A/C, No, Ext):			
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?	COMPANY OR AGENCY NAME:
		<input type="checkbox"/> YES <input type="checkbox"/> NO	POLICY #:
OWNER'S NAME & ADDRESS		RESIDENCE PHONE (A/C, No):	
OTHER DRIVER'S NAME & ADDRESS		BUSINESS PHONE (A/C, No, Ext):	
(Check if same as owner)		RESIDENCE PHONE (A/C, No):	
		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