



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	AM	PREVIOUSLY REPORTED
AGENCY CUSTOMER ID					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/ REF

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 (Check if same as owner)					RESIDENCE PHONE (A/C, No)					
					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 VEHICLE?									
YES NO									
DESCRIBE PROPERTY (If auto, year, make, model, plate #)				OTHER VEH/PROP INS?		COMPANY OR AGENCY NAME			
				YES NO		POLICY #			
OWNER'S NAME & ADDRESS					RESIDENCE PHONE (A/C, No)				
					BUSINESS PHONE (A/C, No, Ext)				
OTHER DRIVER'S NAME & ADDRESS (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				