



AUTOMOBILE LOSS NOTICE

DATE (MM/DD/YYYY)

| | | | |
|-----------------------|-----------------------|-----------------------|----|
| AGENCY | INSURED LOCATION CODE | DATE OF LOSS AND TIME | AM |
| | CARRIER | PM | |
| | NAIC CODE | | |
| POLICY NUMBER | | | |
| POLICY TYPE | | | |
| CONTACT NAME: | | | |
| PHONE (A/C, No, Ext): | | | |
| FAX (A/C, No): | | | |
| E-MAIL ADDRESS: | | | |
| CODE: | SUBCODE: | | |
| AGENCY CUSTOMER ID: | | | |

INSURED

| | | | | | |
|--|--|---------------------------|---------------------------|--|--|
| NAME OF INSURED (First, Middle, Last) | | | INSURED'S MAILING ADDRESS | | |
| DATE OF BIRTH | FEIN (if applicable) | MARITAL STATUS | | | |
| PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL | SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL | PRIMARY E-MAIL ADDRESS: | | | |
| | | SECONDARY E-MAIL ADDRESS: | | | |

CONTACT

| | | | | | |
|--|--|---------------------------|---------------------------|--|--|
| CONTACT INSURED | | | | | |
| NAME OF CONTACT (First, Middle, Last) | | | CONTACT'S MAILING ADDRESS | | |
| PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL | SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL | | | | |
| WHEN TO CONTACT | | PRIMARY E-MAIL ADDRESS: | | | |
| | | SECONDARY E-MAIL ADDRESS: | | | |

LOSS

| | |
|--|-------------------------------------|
| LOCATION OF LOSS | POLICE OR FIRE DEPARTMENT CONTACTED |
| STREET: | |
| CITY, STATE, ZIP: | REPORT NUMBER |
| COUNTRY: | |
| DESCRIBE LOCATION OF LOSS IF NOT AT SPECIFIC STREET ADDRESS: | |
| DESCRIPTION OF ACCIDENT (Attach ACORD 101, Additional Remarks Schedule, if more space is required) | |

INSURED VEHICLE

| | | | | | |
|--|----------------------------|---------------------------|--|--|-----------------------------|
| VEH # | YEAR | MAKE: | BODY TYPE: | PLATE NUMBER | STATE |
| | | MODEL: | V.I.N.: | | |
| OWNER'S NAME AND ADDRESS <input type="checkbox"/> (Check if same as insured) | | | PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL | SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL | |
| | | | PRIMARY E-MAIL ADDRESS: | | |
| | | | SECONDARY E-MAIL ADDRESS: | | |
| DRIVER'S NAME AND ADDRESS <input type="checkbox"/> (Check if same as owner) | | | PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL | SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL | |
| | | | PRIMARY E-MAIL ADDRESS: | | |
| | | | SECONDARY E-MAIL ADDRESS: | | |
| RELATION TO INSURED (Employee, family, etc.) | DATE OF BIRTH | DRIVER'S LICENSE NUMBER | STATE | PURPOSE OF USE | USED WITH PERMISSION? (Y/N) |
| DESCRIBE DAMAGE | | | | | |
| ESTIMATE AMOUNT | WHERE CAN VEHICLE BE SEEN? | WHEN CAN VEHICLE BE SEEN? | | | |
| OTHER INSURANCE ON VEHICLE - CARRIER: | | | | POLICY NUMBER: | |

OTHER VEHICLE / PROPERTY DAMAGED NON - VEHICLE?

AGENCY CUSTOMER ID: _____

| | | | | | |
|---|---------------------------|--------|--|--|---------------------------|
| VEH # | YEAR | MAKE: | BODY TYPE: | PLATE NUMBER | STATE |
| | | MODEL: | V.I.N.: | | |
| DESCRIBE PROPERTY (Other Than Vehicle) | | | | | OTHER VEH/PROP INS? (Y/N) |
| CARRIER OR AGENCY NAME | | | NAIC CODE | POLICY NUMBER | |
| OWNER'S NAME AND ADDRESS | | | PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL | SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL | |
| | | | PRIMARY E-MAIL ADDRESS: | | |
| | | | SECONDARY E-MAIL ADDRESS: | | |
| DRIVER'S NAME AND ADDRESS <input type="checkbox"/> (Check if same as owner) | | | PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL | SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL | |
| | | | PRIMARY E-MAIL ADDRESS: | | |
| | | | SECONDARY E-MAIL ADDRESS: | | |
| 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 |
|----------------|-----------------|--------------------------|--------------------------|--------------------------|-----|------------------|
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

WITNESSES OR PASSENGERS

| NAME & ADDRESS | PHONE (A/C, No) | INS VEH | OTH VEH | OTHER (Specify) |
|----------------|-----------------|--------------------------|--------------------------|-----------------|
| | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | |

| | |
|-------------|-------------|
| REPORTED BY | REPORTED TO |
|-------------|-------------|

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)