

ACORD® AUTOMOBILE LOSS NOTICE

DATE (MM/DD/YY)

PRODUCER PHONE (A/C, No, Ext): _____	COMPANY _____	MISCELLANEOUS INFO (Site & location code) _____	
POLICY NUMBER _____		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 NAME AND ADDRESS _____	CONTACT NAME AND ADDRESS _____	CONTACT INSURED _____	WHERE TO CONTACT _____ WHEN TO CONTACT _____
RESIDENCE PHONE (A/C, No)	BUSINESS PHONE (A/C, No, Ext)	RESIDENCE PHONE (A/C, No)	BUSINESS PHONE (A/C, No, Ext)

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

BODILY INJURY (Per Person)	BODILY INJURY (Per Accident)	PROPERTY DAMAGE	SINGLE LIMIT	MEDICAL PAYMENT	OTC DEDUCTIBLE	OTHER COVERAGE & DEDUCTIBLES (UM, no-fault, towing, etc)
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LOSS PAYEE _____	COLLISION DED _____
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UMBRELLA/ EXCESS	UMBRELLA	EXCESS	CARRIER:	LIMITS:	PER CLAIM	PER OCCUR
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INSURED VEHICLE				PLATE NUMBER	STATE
VEH #	YEAR	MAKE:	BODY TYPE:		
		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? YES NO

DESCRIBE DAMAGE	ESTIMATE AMOUNT	WHERE CAN VEHICLE BE SEEN?	WHEN CAN VEH BE SEEN?	OTHER INSURANCE ON VEHICLE
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PROPERTY DAMAGED DESCRIBE PROPERTY (If auto, year, make, model, plate #) _____	OTHER VEH/PROP INS? YES NO	COMPANY OR AGENCY NAME: _____ POLICY #: _____
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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?
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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 PRODUCER OR INSURED
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