

# ACORD™ AUTOMOBILE LOSS NOTICE

DATE (MM/DD/YYYY)

PRODUCER PHONE (A/C, No, Ext): FAX (A/C, No):	COMPANY	NAIC CODE:	MISCELLANEOUS INFO (Site & location code)	
CODE:	POLICY NUMBER	POLICY TYPE	REFERENCE NUMBER	CAT #
AGENCY CUSTOMER ID:	EFFECTIVE DATE	EXPIRATION DATE	DATE OF ACCIDENT AND TIME	AM PM
SUB CODE:				PREVIOUSLY REPORTED YES NO

<b>INSURED</b>		<b>CONTACT</b>		<b>CONTACT INSURED</b>	
NAME AND ADDRESS	SOC SEC # OR FEIN:	NAME AND ADDRESS		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)	WHEN TO CONTACT	

LOCATION OF ACCIDENT (Include city & state)	AUTHORITY CONTACTED: REPORT #:	VIOLATIONS/CITATIONS
DESCRIPTION OF ACCIDENT (Use separate sheet, if necessary)		

<b>POLICY INFORMATION</b>						
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.

<b>INSURED VEHICLE</b>				PLATE NUMBER	STATE
VEH #	YEAR	MAKE:	BODY TYPE:		
		MODEL:	V.I.N.:		
OWNER'S NAME & ADDRESS	DATE OF BIRTH		DRIVER'S LICENSE NUMBER	STATE	RESIDENCE PHONE (A/C, No): BUSINESS PHONE (A/C, No, Ext): RESIDENCE PHONE (A/C, No): BUSINESS PHONE (A/C, No, Ext):
DRIVER'S NAME & ADDRESS (Check if same as owner)				PURPOSE OF USE	USED WITH PERMISSION? YES NO
RELATION TO INSURED (Employee, family, etc.)	ESTIMATE AMOUNT	WHERE CAN VEHICLE BE SEEN?	WHEN CAN VEH BE SEEN?	OTHER INSURANCE ON VEHICLE	
DESCRIBE DAMAGE					

<b>PROPERTY DAMAGED VEHICLE?</b>		YES	NO	OTHER VEH/PROP INS? YES NO	COMPANY OR AGENCY NAME: POLICY #:	RESIDENCE PHONE (A/C, No): BUSINESS PHONE (A/C, No, Ext): RESIDENCE PHONE (A/C, No): BUSINESS PHONE (A/C, No, Ext):
DESCRIBE PROPERTY (If auto, year, make, model, plate #)						
OWNER'S NAME & ADDRESS	ESTIMATE AMOUNT	WHERE CAN DAMAGE BE SEEN?				
OTHER DRIVER'S NAME & ADDRESS (Check if same as owner)						
DESCRIBE DAMAGE						

<b>INJURED</b>						
NAME & ADDRESS	PHONE (A/C, No)	PED	INS VEH	OTH VEH	AGE	EXTENT OF INJURY

<b>WITNESSES OR PASSENGERS</b>			
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