

ACORD™ AUTOMOBILE LOSS NOTICE

DATE (MM/DD/YYYY)

PRODUCER	PHONE (A/C, No, Ext):	COMPANY	NAIC CODE:	MISCELLANEOUS INFO (Site & location code)			
	FAX (A/C, No):						
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			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)		

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):		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:	POLICY #:
	YES NO		
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