



****FILL OUT ITEMS HIGHLIGHTED IN YELLOW****

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):		POLICY NUMBER		POLICY TYPE		REFERENCE NUMBER		CAT #
E-MAIL ADDRESS:		EFFECTIVE DATE		EXPIRATION DATE		DATE OF ACCIDENT AND TIME		PREVIOUSLY REPORTED
CODE:		SUB CODE:						AM
AGENCY CUSTOMER ID.								PM
								YES
								NO

INSURED				CONTACT				CONTACT INSURED			
NAME AND ADDRESS				NAME AND ADDRESS				WHEN TO CONTACT:			
SOC SEC # OR FEIN:								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							
LOCATION OF ACCIDENT (Include city & state)				AUTHORITY CONTACTED:		VIOLATIONS/CITATIONS	
DESCRIPTION OF ACCIDENT (Use separate sheet, if necessary)				REPORT #:			

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):				
DRIVER'S NAME & ADDRESS (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	

PROPERTY DAMAGED VEHICLE?										
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):				
OTHER DRIVER'S NAME & ADDRESS (Check if same as owner)						BUSINESS PHONE (A/C, No, Ext):				
						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		