

ACORD™ AUTOMOBILE LOSS NOTICE

DATE(MM/DD/YYYY)

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

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

LOSS		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):				
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?		YES	NO	DESCRIBE PROPERTY (If auto, year, make, model, plate #)		OTHER VEH/PROP INS? YES NO	COMPANY OR AGENCY NAME:
						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
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