

### AUTOMOBILE LOSS NOTICE

Today's Date:

Producer		Company		Miscellaneous Info (Site & Location Code)			
Phone (a/c, no, ext)		Policy Number		Reference Number		CAT#	
Code:	Sub Code:	Effective Date	Expiration Date	Date of Accident	Time	<input type="checkbox"/> AM	Previously Reported
Agency Customer ID:						<input type="checkbox"/> PM	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>INSURED</b>			<b>CONTACT</b>		Contact Insured		
Name & Address			Name & 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)
Name & Address			Name & Address			When to Contact	
<b>LOSS</b>							
Location of Accident (Include city & state)				Authority Contacted		Violations/Citations	
Description of Accident (Use reverse side, if necessary)				Report #:			
<b>POLICY INFORMATION</b>							
Bodily Injury (Per Person)	Bodily Injury (Per Accident)	Property Damage	Single Limit	Medical Payment	OTC Deductible	Other Coverage & Deductible (UM, no-fault, towing, etc)	
Loss Payee					Collision Ded.		
<b>INSURED VEHICLE</b>							
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)		
Driver's Name & Address					Residence Phone (a/c, no)		
					Business Phone (a/c, no)		
<input type="checkbox"/> Check if same as owner							
Relation to Insured (Employee, family, etc.)	Date of Birth	Driver's License Number		State	Purpose of Use	Used with Permission?	
						<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Describe Damage	Estimate Amount	Where Can Vehicle be Seen?		When Can Vehicle be Seen?		Other Insurance on Vehicle	
<b>PROPERTY DAMAGE</b>							
Describe Property (if auto, year make, model, plate#)			Other VEH/Prop Ins?		Company or Agency Name		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	Policy#:			
Owner's Name & Address					Residence Phone (a/c, no)		
					Business Phone (a/c, no)		
Other Driver's Name & Address					Residence Phone (a/c, no)		
					Business Phone (a/c, no)		
<input type="checkbox"/> (Check if same as owner)							
Describe Damage		Estimate Amount	Where can damage be seen?				
<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 Producer or Insured			