AC	OF	?L	AL	JTOMOBILE LOSS NOTICE															DATE (MM/DD/YYYY)							
PRODUCE	(A	PHONE (A/C, No, Ext): FAX (A/C, No):						СОМЕ	COMPANY NAIC CODE: MISCELLANEOUS IF						SINFO	O (Site & location code)										
						POLIC	CY NI	UMBER	ER P			POLICY TYPE				REFERENCE NUMBER				l	CAT#					
CODE: SUB C					ODE:				EF	EFFECTIVE D		TE EXP		PIR	PIRATION DATE		0	DATE OF ACCID			CIDENT AND TIME			AM	REP	ORTED
INSURED									_		ONTAG	FACT			Т	001/7407/11/01			OLIDED.					РМ	YES	S NO
NAME ANI			SOC SEC # OR FEIN:						NAME AND ADDRESS					CONTACT INSU				URED					WHERE TO CONTACT			
RESIDENCE PHONE (A/C, No)  BUSINESS PHONE (A/C, No, I						, Ext)	RESIDEN			ENCE PHONE (A/C, No) BUSIN				NESS PHONE (A/C, No, Ext)						WHEN TO CONTACT						
LOSS																										
LOCATION OF									AUTHORITY CONTACTED:								VIOLATIONS/CITATIONS									
ACCIDENT (Include city & state)									REPORT#:																	
DESCRIPT ACCIDENT (Use sepai if necessa	Γ rate shee	t,												•												
POLICY																										
BODILY INJURY BODILY (Per Person) (Per A				Y INJURY ccident)	PROP	PROPERTY DAMAGE			SING	LE L	IMIT	IIT MEDICA		L PAYMEN		·   c	OTC DEI				VERAGE & DEDUCTIBLE ult, towing, etc)			TIBLES		
LOSS PAY	'EE															COLLISION DE			DED							
UMBRELLA/									LIMITO				AGGF				PER				R	SIR/				
EXCESS   UMBRELLA   EXCESS   CARRIER:										LIMITS: A						AC	iGH				CLA	AIM/OC	<u>c</u>		DED	
INSURED VEHICLE  VEH# YEAR MAKE:								BODY TYPE:												PLATE	NUME	ER	STATE			
MODEL:								V.I.N.:																		
OWNER'S NAME & ADDRESS									<u>(</u>							(A/C, N BUSIN	IESIDENCE PHONE A/C, No): IUSINESS PHONE									
DRIVER'S NAME																(A/C, No, Ext): RESIDENCE PHONE										
	eck if	~~\														(A/C, No): BUSINESS PHONE (A/C, No, Ext):										
Same as owner)  RELATION TO INSURED  (Figure 1 family etc.)  DATE OF BIRTH  DRIVER'S LICENSI						SE NUMB	E NUMBER STATE						URPOSE						USED WITH PERMISSION?							
(Employee, family, etc.)														OFU	SE	iE					YES NO					
DESCRIBE DAMAGE	=							VEHIC	WHERE CAN VEHICLE BE SEEN?						WH			VHEN CAN VEH BE SEEN?				OTHER INSURANCE ON VEHICLE				
PROPE	RTY D	A۱	//AGED	VEHICL	E?		YES	N	10																	
DESCRIBE (If auto, ye	ar, make	RTY	,								OTHER V	/EH/PR	ROP INS	5?	AGEN	CTIVAN	₹ IE:									
model, plate #) OWNER'S NAME &									YES								PHONE									
ADDRESS OTHER DRIVER'S																(A/C, No, Ext): RESIDENCE PHONE										
NAME & ADDRESS (Check if									- <u>(</u>							(A/C, N BUSIN	A/C. No): BUSINESS PHONE A/C. No, Ext):									
DESCRIBE							DAMA	WHERE CAN DAMAGE BE SEEN?							(A/C, P	NO, E)	α):									
INJURE	ED.																									
NAME & ADDRESS									PHONE (A/C, No)					PED	INS O	IS OTH EH VEH AGE				EXTENT OF INJURY						
												, , ,														
		_																								
WIINE	SSES	ЭН	PASSEN								INS					INS	OTH OTHER (S									
NAME & ADDRESS								PH				E (A/C, No) VEH				VEH OTHER					∟н (Spe	(Specify)				
REMARKS (Include adjuster assigned)																										
REPORTE	D BY			REPORTE	ото				SIGNATURE OF INSURED								SIGNATURE OF PRODUCER									