

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):							
		POLICY NUMBER	POLICY TYPE	REFERENCE NUMBER	CAT #			
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					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:			
				YES NO		POLICY #:			
OWNER'S NAME & ADDRESS					RESIDENCE PHONE (A/C, No):				
					BUSINESS PHONE (A/C, No, Ext):				
OTHER DRIVER'S NAME & ADDRESS					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