

ACORD™ AUTOMOBILE LOSS NOTICE

DATE (MM/DD/YYYY)

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

INSURED		CONTACT		CONTACT INSURED	
NAME AND ADDRESS		NAME AND ADDRESS		WHERE TO CONTACT	
SOC SEC # OR FEIN:					
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			BUSINESS PHONE (A/C, No, Ext):						
(Check if same as owner)			RESIDENCE PHONE (A/C, No):						
RELATION TO INSURED (Employee, family, etc.)			BUSINESS PHONE (A/C, No, Ext):						
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):	
(Check if same as owner)		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