

# 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):        |                |            |                 |   |                           |  |       |                     |
| CODE:               |                       | POLICY NUMBER  |            | POLICY TYPE     |   | REFERENCE NUMBER          |  | CAT # |                     |
| SUB CODE:           |                       | EFFECTIVE DATE |            | EXPIRATION DATE |   | DATE OF ACCIDENT AND TIME |  | AM    | PREVIOUSLY REPORTED |
| AGENCY CUSTOMER ID: |                       |                |            |                 |   |                           |  | PM    | YES NO              |

|                           |  |                               |  |                               |  |
|---------------------------|--|-------------------------------|--|-------------------------------|--|
| <b>INSURED</b>            |  | <b>CONTACT</b>                |  | CONTACT INSURED               |  |
| NAME AND ADDRESS          |  | SOC SEC # OR FEIN:            |  | NAME AND ADDRESS              |  |
| RESIDENCE PHONE (A/C, No) |  | BUSINESS PHONE (A/C, No, Ext) |  | RESIDENCE PHONE (A/C, No)     |  |
|                           |  |                               |  | BUSINESS PHONE (A/C, No, Ext) |  |
|                           |  |                               |  | WHERE TO CONTACT              |  |
|                           |  |                               |  | WHEN TO CONTACT               |  |

|  |  |                      |  |                      |  |
|--|--|----------------------|--|----------------------|--|
| LOCATION OF ACCIDENT (Include city & state)                |  | AUTHORITY CONTACTED: |  | VIOLATIONS/CITATIONS |  |
| DESCRIPTION OF ACCIDENT (Use separate sheet, 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 & DEDUCTIBLES (UM, no-fault, towing, etc) |
| LOSS PAYEE                 |                              |                 |              |                 | COLLISION DED  |  |
| UMBRELLA/ EXCESS           | UMBRELLA                     | EXCESS          | CARRIER:     | LIMITS:         | AGGR           | PER CLAIM/OCC SIR/ 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):     |       |  |
| 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     |       |  |

|   |                 |                                |                         |
|---|-----------------|--------------------------------|-------------------------|
| <b>PROPERTY DAMAGED VEHICLE?</b>                        |                 | 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):     |                         |
| OTHER DRIVER'S NAME & ADDRESS                           |                 | BUSINESS PHONE (A/C, No, Ext): |                         |
| (Check if same as owner)                                |                 | RESIDENCE PHONE (A/C, No):     |                         |
|   |                 | BUSINESS PHONE (A/C, No, Ext): |                         |
| 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 INSURED | SIGNATURE OF PRODUCER |