

ACORD™ AUTOMOBILE LOSS NOTICE

DATE

PRODUCER		PHONE (A/C, No, Ext):	COMPANY	NAIC CODE:	MISCELLANEOUS INFO (Site & location code)			
					POLICY NUMBER		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 #:		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

LOSS	
LOCATION OF ACCIDENT (Include city & state)	AUTHORITY CONTACTED: REPORT #:
DESCRIPTION OF ACCIDENT (Use separate sheet, if necessary)	
VIOLATIONS/CITATIONS	

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):	
(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? YES NO	
DESCRIBE DAMAGE	ESTIMATE AMOUNT	WHERE CAN VEHICLE BE SEEN?	WHEN CAN VEH BE SEEN?	OTHER INSURANCE ON VEHICLE		

PROPERTY DAMAGED			
DESCRIBE PROPERTY (If auto, year, make, model, plate #)	OTHER VEH/PROP INS? YES NO	COMPANY OR AGENCY NAME: 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):
(Check if same as owner)			
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