



# AUTOMOBILE LOSS NOTICE

DATE (MM/DD/YYYY)

AGENCY	INSURED LOCATION CODE	DATE OF LOSS AND TIME		AM
	CARRIER			PM
	POLICY NUMBER			NAIC CODE
CONTACT NAME:	LINE OF BUSINESS			
PHONE (A/C. No. Ext):				
FAX (A/C. No.):				
E-MAIL ADDRESS:				
CODE:	SUBCODE:			
AGENCY CUSTOMER ID:				

## INSURED

NAME OF INSURED (First, Middle, Last)			INSURED'S MAILING ADDRESS	
DATE OF BIRTH	FEIN (if applicable)	MARITAL STATUS / CIVIL UNION (if applicable)		
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY E-MAIL ADDRESS:		
		SECONDARY E-MAIL ADDRESS:		

## CONTACT

CONTACT INSURED			CONTACT'S MAILING ADDRESS	
NAME OF CONTACT (First, Middle, Last)				
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY E-MAIL ADDRESS:		
		SECONDARY E-MAIL ADDRESS:		
WHEN TO CONTACT			PRIMARY E-MAIL ADDRESS:	
			SECONDARY E-MAIL ADDRESS:	

## LOSS

LOCATION OF LOSS	POLICE OR FIRE DEPARTMENT CONTACTED
STREET:	
CITY, STATE, ZIP:	REPORT NUMBER
COUNTRY:	
DESCRIBE LOCATION OF LOSS IF NOT AT SPECIFIC STREET ADDRESS:	
DESCRIPTION OF ACCIDENT (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	

## INSURED VEHICLE

VEH #	YEAR	MAKE:	BODY TYPE:	PLATE NUMBER	STATE
		MODEL:	V.I.N.:		
OWNER'S NAME AND ADDRESS <input type="checkbox"/> (Check if same as insured)			PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	
			PRIMARY E-MAIL ADDRESS:		
			SECONDARY E-MAIL ADDRESS:		
DRIVER'S NAME AND ADDRESS <input type="checkbox"/> (Check if same as owner)			PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	
			PRIMARY E-MAIL ADDRESS:		
			SECONDARY E-MAIL ADDRESS:		
RELATION TO INSURED (Employee, family, etc.)	DATE OF BIRTH	DRIVER'S LICENSE NUMBER	STATE	PURPOSE OF USE	USED WITH PERMISSION? (Y/N)
					<input type="checkbox"/>
DESCRIBE DAMAGE					
1. WAS A STANDARD CHILD PASSENGER RESTRAINT SYSTEM (CHILD SEAT) INSTALLED IN THE VEHICLE AT THE TIME OF THE ACCIDENT?					Y / N
2. WAS THE CHILD PASSENGER RESTRAINT SYSTEM (CHILD SEAT) IN USE BY A CHILD DURING THE TIME OF THE ACCIDENT?					Y / N
3. DID THE CHILD PASSENGER RESTRAINT SYSTEM (CHILD SEAT) SUSTAIN A LOSS AT THE TIME OF THE ACCIDENT?					Y / N
ESTIMATE AMOUNT:	WHERE CAN VEHICLE BE SEEN?:		WHEN CAN VEHICLE BE SEEN?:		
OTHER INSURANCE ON VEHICLE - CARRIER:			POLICY NUMBER:		

OTHER VEHICLE / PROPERTY DAMAGED  NON - VEHICLE?

AGENCY CUSTOMER ID: \_\_\_\_\_

<b>VEH #</b>	<b>YEAR</b>	<b>MAKE:</b>	<b>BODY TYPE:</b>	<b>PLATE NUMBER</b>	<b>STATE</b>
		<b>MODEL:</b>	<b>V.I.N.:</b>		
<b>DESCRIBE PROPERTY (Other Than Vehicle)</b>					<b>OTHER VEH/PROP INS? (Y/N)</b> <input type="checkbox"/>
<b>CARRIER OR AGENCY NAME</b>			<b>NAIC CODE</b>	<b>POLICY NUMBER</b>	
<b>OWNER'S NAME AND ADDRESS</b>			<b>PRIMARY PHONE #</b> <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		<b>SECONDARY PHONE #</b> <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
			<b>PRIMARY E-MAIL ADDRESS:</b>		
<b>DRIVER'S NAME AND ADDRESS</b> <input type="checkbox"/> (Check if same as owner)			<b>PRIMARY PHONE #</b> <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		<b>SECONDARY PHONE #</b> <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
			<b>PRIMARY E-MAIL ADDRESS:</b>		
<b>DESCRIBE DAMAGE</b>					
<b>ESTIMATE AMOUNT</b>		<b>WHERE CAN DAMAGE BE SEEN?</b>			

INJURED						
NAME & ADDRESS	PHONE (A/C, No)	PED	INS VEH	OTH VEH	AGE	EXTENT OF INJURY
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

WITNESSES OR PASSENGERS				
NAME & ADDRESS	PHONE (A/C, No)	INS VEH	OTH VEH	OTHER (Specify)
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

<b>REPORTED BY</b>	<b>REPORTED TO</b>
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**REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

