



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: | POLICY TYPE | | | |
| 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 | | |
| 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

| | | | | |
|--|--|---------------------------|---------------------------|--|
| NAME OF CONTACT (First, Middle, Last) | | | CONTACT'S MAILING ADDRESS | |
| DATE OF BIRTH | FEIN (if applicable) | MARITAL STATUS | | |
| 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: _____

| | | | | | | |
|--|-------------|----------------------------------|---|---|--|--|
| VEH # | YEAR | MAKE: | BODY TYPE: | PLATE NUMBER | STATE | |
| | | MODEL: | V.I.N.: | | | |
| DESCRIBE PROPERTY (Other Than Vehicle) | | | | | OTHER VEH/PROP INS? (Y/N) <input type="checkbox"/> | |
| CARRIER OR AGENCY NAME | | | NAIC CODE | POLICY NUMBER | | |
| OWNER'S NAME AND ADDRESS | | | 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: | | | |
| 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 |
| | | <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"/> | |

| | |
|--------------------|--------------------|
| REPORTED BY | REPORTED TO |
|--------------------|--------------------|

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)