



AUTOMOBILE LOSS NOTICE

DATE (MM/DD/YYYY)

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

INSURED			INSURED'S MAILING ADDRESS	
NAME OF INSURED (First, Middle, Last)				
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	
NAME OF CONTACT (First, Middle, Last)			CONTACT'S MAILING 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			
WHEN TO CONTACT			PRIMARY E-MAIL ADDRESS:	
			SECONDARY E-MAIL ADDRESS:	

LOSS		POLICE OR FIRE DEPARTMENT CONTACTED	
LOCATION OF LOSS			
STREET:		REPORT NUMBER	
CITY, STATE, ZIP:			
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)

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