

ACORD™ AUTOMOBILE LOSS NOTICE								DATE 4/1/2014 6:13:14 PM	
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	
AGENCY CUSTOMER ID								PREVIOUSLY REPORTED	
INSURED				CONTACT		<input type="checkbox"/>		CONTACT INSURED	
NAME AND ADDRESS			SOC SEC #:		NAME AND ADDRESS			WHERE TO CONTACT	
								WHEN TO CONTACT	
RESIDENCE PHONE (A/C, No)		BUSINESS PHONE (A/C, No, Ext)		RESIDENCE PHONE (A/C, No)		BUSINESS PHONE (A/C, No, Ext)			
LOSS									
LOCATION OF ACCIDENT (Include city & state)						AUTHORITY CONTACTED:		VIOLATIONS/CITATIONS	
						REPORT #:			
DESCRIPTION OF ACCIDENT									
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):			
<input checked="" type="checkbox"/> (Check if same as owner)						BUSINESS PHONE (A/C, No, Ext):			
RELATION TO INSURED (Employee, family, etc)		DATE OF BIRTH		DRIVER'S LICENSE NUMBER		STATE		PURPOSE OF USE	USED WITH PERMISSION?
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?		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):			
<input checked="" type="checkbox"/> (Check if same as owner)						BUSINESS PHONE (A/C, No, Ext):			
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	
WITNESS OR PASSENGERS									
NAME & ADDRESS				PHONE (A/C, No)		INS VEH or OTH VEH		OTHER (Specify)	
REMARKS (Include adjuster assigned)									
REPORTED BY		REPORTED TO		SIGNATURE OF INSURED				SIGNATURE OF PRODUCER	