

ACORD™ AUTOMOBILE LOSS NOTICE

DATE

PRODUCER		PHONE (A/C, No, Ext):		COMPANY		NAIC CODE:		MISCELLANEOUS INFO (Site & location code)				
CODE:		SUB CODE:		EFFECTIVE DATE		EXPIRATION DATE		DATE OF ACCIDENT AND TIME		AM	PREVIOUSLY REPORTED	
AGENCY CUSTOMER ID:										PM	YES	NO
POLICY NUMBER				REFERENCE NUMBER				CAT #				

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	

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

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			
OWNER'S NAME & ADDRESS		MODEL:		V.I.N.:		RESIDENCE PHONE (A/C, No):				
DRIVER'S NAME & ADDRESS						BUSINESS PHONE (A/C, No, Ext):				
(Check if same as owner)						RESIDENCE PHONE (A/C, No):				
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?		COMPANY OR AGENCY NAME:
		<input type="checkbox"/> YES <input type="checkbox"/> NO		POLICY #:
OWNER'S NAME & ADDRESS				RESIDENCE PHONE (A/C, No):
OTHER DRIVER'S NAME & ADDRESS				BUSINESS PHONE (A/C, No, Ext):
(Check if same as owner)				RESIDENCE PHONE (A/C, No):
				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	

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