

ACORD™ AUTOMOBILE LOSS NOTICE										DATE 1/30/2014 12:43:28 PM		
PRODUCER		PHONE (A/C, No, Ext): [Agent's Ph #]			COMPANY		NAIC CODE:		MISCELLANEOUS INFO (Site & location code)			
[Agency Name]					POLICY NUMBER [Policy No]		REFERENCE NUMBER		CAT #			
CODE:		SUB CODE:		EFFECTIVE DATE		EXPIRATION DATE		DATE OF ACCIDENT AND TIME		PREVIOUSLY REPORTED		
AGENCY CUSTOMER ID								[Date of Loss]		[Time of Loss]		
INSURED					CONTACT		<input type="checkbox"/>		CONTACT INSURED			
NAME AND ADDRESS			SOC SEC #:		NAME AND ADDRESS					WHERE TO CONTACT		
[Insured Name/Address]					[Insured Contact Person Name]					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):			BUSINESS PHONE (A/C, No, Ext):			
<input type="checkbox"/>	(Check if same as owner)											
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):			BUSINESS PHONE (A/C, No, Ext):			
<input type="checkbox"/>	(Check if same as owner)											
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			