

AUTOMOBILE LIABILITY LOSS NOTICE

Date (MM/DD/YY)

Producer	Phone:	Company	Miscellaneous Info (Site & location code)		
		Policy Number	Claim Number	Cat #	
		Effective Date	Expiration Date	Date and Time of Accident	Previously Reported
					<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Yes <input type="checkbox"/> No

Insured	Contact	<input type="checkbox"/> Contact Insured	
Name and Address	Name and Title	When to Contact	
		When to Contact	
Fax Phone	Business Phone	Mobile Phone	Pager Phone

Loss		
Location of Accident (Include city & state)	Authority Contacted	Violations/Citations
		Report #:
Description of Accident (Use reverse side, if necessary)		

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 Deductible	
Umbrella/Excess	Umbrella	Excess	Carrier	Limits	Per Claim	Per Occur

Insured Vehicle						
Veh #	Year	Make:	Body Type:	Plate Number	State	
		Model:	V.I.N.			
Owner's Name and Address				Residence Phone:		
				Business Phone:		
Driver's Name and Address				Residence Phone:		
<input type="checkbox"/> (Check if same as Owner)				Business Phone:		
Relation to Insured (Employee, family, etc.)	Date of Birth	Driver's License Number	State	Purpose of Use:	Used with Permission	
						<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Damage		Estimate Amount	Where can vehicle be seen?	When can vehicle be seen?	Other insurance on vehicle?	
						<input type="checkbox"/> Yes <input type="checkbox"/> No

Property Damage		
Describe Property	Other Vehicle/Prop Ins?	Company or Agency Name
		Policy #
(If auto, year, make, model, plate #)		
Owner's Name and Address		Residence Phone:
		Business Phone:
Other Driver's Name and Address		Residence Phone:
<input type="checkbox"/> (Check if same as Owner)		Business Phone:
Describe Damage		Estimate Amount
		Where can damage be seen?

Injured						
Name & Address	Phone	Ped	Ins Veh	Oth Veh	Age	Extent of Injury

Witnesses or Passengers					
Name & Address	Phone	Ins Veh	Oth Veh	Other (Specify)	

.....
.....
Remarks (Include adjuster assigned)
.....
.....

Reported By

Reported To