



AUTOMOBILE LOSS NOTICE

DATE(MM/DD/YYYY)

AGENCY	PHONE (A/C, No., Ext)	COMPAN	NAIC CODE:	MISCELLANEOUS INFO (Site & location code)			
FA (A/C, No.)		POLICY NUMBER	POLICY TYPE	REFERENCE NUMBER	CAT#		
E-MAIL ADDRESS:		EFFECTIVE DATE	EXPIRATION DATE	DATE OF ACCIDENT AND TIME	<input type="checkbox"/> A	PREVIOUSLY REPORTED	
CODE:	SUB CODE:				<input type="checkbox"/> PM	YES	NO
AGENCY CUSTOMER ID							

INSURED		CONTACT		CONTACT INSURED	
NAME AND	SOC SEC # OR FEIN:	NAME AND	WHEN TO CONTACT	WHERE TO CONTACT	
RESIDENCE PHONE (A/C, No)		RESIDENCE PHONE (A/C, No)			
BUSINESS PHONE (A/C, No,		BUSINESS PHONE (A/C, No,			
CELL PHONE (A/C, No)		CELL PHONE (A/C, No)			
E-MAIL ADDRESS:		E-MAIL ADDRESS:			

LOCATION OF ACCIDENT (Include &	AUTHORIT CONTACTED: REPORT #	VIOLATIONS/CITATION
DESCRIPTION OF ACCIDENT (Use separate sheet, if necessary)		

BODILY INJURY (Per Person)	BODILY INJURY (Per Accident)	PROPERTY DAMAG	SINGLE LIMI	MEDICAL PAYMEN	OTC DEDUCTIBLE	OTHER COVERAGE & DEDUCTIBLES (UM, no-fault towing etc.)
LOSS PAYEE					COLLISION DED	
UMBRELLA/ EXCESS	UMBRELLA	EXCESS	CARRIER:	LIMITS	AGGR	PER CLAIM/OC SIR/DED

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,		
DRIVER'S NAME & ADDRESS				RESIDENCE PHONE (A/C, No)		
				BUSINESS PHONE (A/C, No,		
<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 WIT PERMISSION? YES NO
DESCRIBE DAMAG						
ESTIMATE AMOUN	WHERE CAN VEHICLE BE SEEN?	WHEN CAN VEH BE SEEN?	OTHER INSURANCE ON VEHICLE			

PROPERTY DAMAGED VEHICLE? YES NO YR: MAKE MODEL: PLATE #

DESCRIBE PROPERTY (Other Than Vehicle)	OTHER VEH/PROP INS? <input type="checkbox"/> YES <input type="checkbox"/> NO	COMPANY OR AGENCY POLICY #
OWNER'S NAME & ADDRESS	RESIDENCE PHONE (A/C, No)	
	BUSINESS PHONE (A/C, No)	
OTHER DRIVER'S NAME & <input type="checkbox"/> (Check if same as owner)	RESIDENCE PHONE (A/C, No)	
	BUSINESS PHONE (A/C, No)	
DESCRIBE DAMAG		
ESTIMATE AMOUN	WHERE CAN DAMAGE BE SEEN?	

INJURED

NAME &	PHONE (A/C,	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 &	PHONE (A/C,	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
SIGNATURE OF INSURED	SIGNATURE OF PRODUCER
DATE(MM/DD/YYY	DATE(MM/DD/YYY

REMARKS (Include Adjuster Assigned)

Applicable in Arizon

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties

Applicable in Arkansas, Delaware, District of Columbia, Kentucky, Louisiana, Maine Michigan, New Jersey, New Mexico, North Dakota, Pennsylvania, South Dakota Tennessee, Texas, Virginia, Washington and West Virginia

Any person who _____ and with intent to defraud _____ insurance company or another person, _____ a statement of containing any materially false information or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and civil penalties. In DC, LA ME, TN, VA and WA, insurance benefits may also be denied

Applicable in California

For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison

Applicable in Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company knowingly provides false, _____ or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with _____ to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies

Applicable in Florida and Idaho

Any person who knowingly and with the intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

*In Florida - Third Degree Felony

Applicable in Hawaii

For your protection Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both

Applicable in Indiana

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony

Applicable in Minnesota

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime

Applicable in Nevada

Pursuant to NRS 686A.291 any person who knowingly and willfully files a statement of claim that contains any false incomplete or misleading information concerning a material fact is guilty of a felony

Applicable in New Hampshire

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:2

Applicable in New York

Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who in connection with such application or claim knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of theft, destruction, damage conversion of any vehicle to a law enforcement agency, Department of Motor Vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation

Applicable in Ohio

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud

Applicable in Oklahoma

WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony