



# AUTOMOBILE LOSS NOTICE

DATE (MM/DD/YYYY)

|                       |          |                       |                       |           |
|-----------------------|----------|-----------------------|-----------------------|-----------|
| AGENCY                |          | INSURED LOCATION CODE | DATE OF LOSS AND TIME | AM<br>PM  |
|                       |          | CARRIER               |                       | NAIC CODE |
| CONTACT NAME:         |          | POLICY NUMBER         |                       |           |
| PHONE (A/C, No, Ext): |          | LINE OF BUSINESS      |                       |           |
| FAX (A/C, No):        |          |                       |                       |           |
| E-MAIL ADDRESS:       |          |                       |                       |           |
| CODE:                 | SUBCODE: |                       |                       |           |
| AGENCY CUSTOMER ID:   |          |                       |                       |           |

## INSURED

|  |  |  |                           |  |
|--|--|--|---------------------------|--|
| NAME OF INSURED (First, Middle, Last)  |  |  | INSURED'S MAILING ADDRESS |  |
| DATE OF BIRTH  | FEIN (if applicable)   | MARITAL STATUS / CIVIL UNION (if applicable)         |                           |  |
| PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL | SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL | PRIMARY E-MAIL ADDRESS:<br>SECONDARY E-MAIL ADDRESS: |                           |  |

## CONTACT

|  |  |  |  |  |
|--|--|--|--|--|
| NAME OF CONTACT (First, Middle, Last)  |  |  | CONTACT'S MAILING ADDRESS                            |  |
| PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL | SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL |  |  |  |
| WHEN TO CONTACT  |  |  | PRIMARY E-MAIL ADDRESS:<br>SECONDARY E-MAIL ADDRESS: |  |

## LOSS

|   |  |                                     |  |  |
|---|--|-------------------------------------|--|--|
| LOCATION OF LOSS  |  | POLICE OR FIRE DEPARTMENT CONTACTED |  |  |
| STREET:   |  |                                     |  |  |
| CITY, STATE, ZIP:   |  | REPORT NUMBER                       |  |  |
| COUNTRY:  |  |                                     |  |  |
| DESCRIBE LOCATION OF LOSS IF NOT AT SPECIFIC STREET ADDRESS:  |  |                                     |  |  |
| DESCRIPTION OF ACCIDENT (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) |  |                                     |  |  |

## INSURED VEHICLE

| VEH #  | YEAR | MAKE:         | BODY TYPE:              | PLATE NUMBER   |  | STATE  |
|--|------|---------------|-------------------------|--|--|--|
|  |      | MODEL:        | V.I.N.:                 |  |  |  |
| OWNER'S NAME AND ADDRESS <input type="checkbox"/> (Check if same as insured) |      |               |                         | PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL | SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL |  |
|  |      |               |                         | PRIMARY E-MAIL ADDRESS:  |  |  |
|  |      |               |                         | SECONDARY E-MAIL ADDRESS:  |  |  |
| DRIVER'S NAME AND ADDRESS <input type="checkbox"/> (Check if same as owner)  |      |               |                         | PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL | SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL |  |
|  |      |               |                         | PRIMARY E-MAIL ADDRESS:  |  |  |
|  |      |               |                         | SECONDARY E-MAIL ADDRESS:  |  |  |
| RELATION TO INSURED (Employee, family, etc.)                                 |      | DATE OF BIRTH | DRIVER'S LICENSE NUMBER | STATE  | PURPOSE OF USE   | USED WITH PERMISSION? (Y/N) <input type="checkbox"/> |

## DESCRIBE DAMAGE

|   |                             |                            |   |
|---|-----------------------------|----------------------------|---|
| 1. WAS A STANDARD CHILD PASSENGER RESTRAINT SYSTEM (CHILD SEAT) INSTALLED IN THE VEHICLE AT THE TIME OF THE ACCIDENT? |                             |                            | <input type="checkbox"/> Y / <input type="checkbox"/> N |
| 2. WAS THE CHILD PASSENGER RESTRAINT SYSTEM (CHILD SEAT) IN USE BY A CHILD DURING THE TIME OF THE ACCIDENT?           |                             |                            | <input type="checkbox"/> Y / <input type="checkbox"/> N |
| 3. DID THE CHILD PASSENGER RESTRAINT SYSTEM (CHILD SEAT) SUSTAIN A LOSS AT THE TIME OF THE ACCIDENT?                  |                             |                            | <input type="checkbox"/> Y / <input type="checkbox"/> N |
| ESTIMATE AMOUNT:  | WHERE CAN VEHICLE BE SEEN?: | WHEN CAN VEHICLE BE SEEN?: |   |
| OTHER INSURANCE ON VEHICLE - CARRIER:   |                             | POLICY NUMBER:             |   |

OTHER VEHICLE / PROPERTY DAMAGED

NON - VEHICLE? 

AGENCY CUSTOMER ID: \_\_\_\_\_

|   |                           |  |                       |  |  |       |
|---|---------------------------|--|-----------------------|--|--|-------|
| VEH #   | YEAR                      | MAKE:<br>MODEL:  | BODY TYPE:<br>V.I.N.: | PLATE NUMBER   |  | STATE |
| DESCRIBE PROPERTY (Other Than Vehicle)                                      |                           |  |                       |  | OTHER VEH/PROP INS? (Y/N) <input type="checkbox"/> |       |
| CARRIER OR AGENCY NAME  |                           | NAIC CODE  | POLICY NUMBER         |  |  |       |
| OWNER'S NAME AND ADDRESS  |                           | PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL |                       | SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL |  |       |
| DRIVER'S NAME AND ADDRESS <input type="checkbox"/> (Check if same as owner) |                           | PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL |                       | SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL |  |       |
| DESCRIBE DAMAGE   |                           | PRIMARY E-MAIL ADDRESS:  |                       | SECONDARY E-MAIL ADDRESS:  |  |       |
| ESTIMATE AMOUNT   | WHERE CAN DAMAGE BE SEEN? |  |                       |  |  |       |

**INJURED**

| NAME & ADDRESS | PHONE (A/C, No) | 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 & ADDRESS | PHONE (A/C, No) | 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 |
|-------------|-------------|

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**Applicable in Alabama:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

**Applicable in Alaska:** A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**Applicable in Arizona:** 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:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Applicable in California:** For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the 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 who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in Delaware:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**Applicable in the District of Columbia:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Applicable in Florida:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Applicable in Hawaii:** Any person who intentionally or knowingly misrepresents or conceals material facts, opinions, intention, or law to obtain or attempt to obtain coverage, benefits, recovery, or compensation commits the offense of insurance fraud which is a crime punishable by fines or imprisonment or both.

**Applicable in Idaho:** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete or misleading information is guilty of a felony.

**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 Kansas:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in Kentucky:** Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim 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.

**Applicable in Louisiana:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Applicable in Maine:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

**Applicable in Maryland:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Applicable in Michigan:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**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 category D felony.

**Applicable in New Hampshire:** Any person who, with a 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 638:20.

**Applicable in New Jersey:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**Applicable in New Mexico:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**Applicable in New York:** Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the 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 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.

**Applicable in Oregon:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in Pennsylvania:** Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.

**Applicable in Puerto Rico:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**Applicable in Rhode Island:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Applicable in Tennessee:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Applicable in Texas:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Applicable in Virginia:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Applicable in Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Applicable in West Virginia:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.