

Section 4 Property Damage (<i>General Liability</i> / <i>Auto Liability</i>)							
Describe Property Damaged (auto or other - please be specific)				Other Veh/Prop Ins., or Agency Name & Policy # Yes No			
Owner's Name & Address				Business Phone		Residence Phone	
Other Driver's Name & Address				Business Phone		Residence Phone	
Describe Damage in Detail			Estimate Amount		Where Can Damage Be Seen?		
Section 5 Injured (<i>General Liability</i> - <i>Auto Liability</i>)							
Name & Address		Phone #	PED	Mem. Veh.	Other Veh.	Age	Extent of Injury
Section 6 Witness or Passengers							
Name & Address		Phone #	Member Vehicle		Other Vehicle		Other (Specify)
Section 7 Loss of, or Damage to your Property (other than Auto)							
Location of Loss			Police or Fire Department reported to:				
Kind of Loss (Fire, Wind, Explosion, etc.)			Probable amount entire loss:				
Description of Loss & Damage							

THIS NOTICE SUBMITTED BY: _____

Date: _____