



ACORD™ AUTOMOBILE LOSS NOTICE

DATE (MM/DD/YYYY)

PRODUCER		PHONE (A/C, No, Ext):		COMPANY			MISCELLANEOUS INFO (Site & location code)			
				POLICY NUMBER			REFERENCE NUMBER		CAT #	
CODE:		SUB CODE:		EFFECTIVE DATE	EXPIRATION DATE	DATE OF ACCIDENT AND TIME		AM	PREVIOUSLY REPORTED	
AGENCY CUSTOMER ID:								PM	YES	NO

INSURED			CONTACT		CONTACT INSURED	
NAME AND ADDRESS			NAME AND ADDRESS		WHERE TO CONTACT	
					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: REPORT #:	VIOLATIONS/CITATIONS
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 COVERAGES & DEDUCTIBLES (UM, no-fault, towing, etc.)
LOSS PAYEE					COLLISION DED	
UMBRELLA/ EXCESS	UMBRELLA	EXCESS	CARRIER:	LIMITS:	PER CLAIM	PER OCCUR

INSURED VEHICLE						
VEH #	YEAR	MAKE:	BODY TYPE:	PLATE NUMBER	STATE	
		MODEL:	VIN:			
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):	
(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? YES NO	
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? YES NO	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):	
(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

WITNESSES OR PASSENGERS						
NAME & ADDRESS			PHONE (A/C, No)	INS VEH	OTH VEH	OTHER (Specify)

REMARKS (Include adjuster assigned)		
REPORTED BY	REPORTED TO	SIGNATURE OF PRODUCER OR INSURED

Applicable in California

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

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 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 Kentucky and New Jersey

Any person who knowingly and with intent to defraud any insurance company or other persons, 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, subject to criminal prosecution and civil penalties.

Applicable in Michigan

Any person who knowingly and with intent to injure or defraud any insurer submits a claim containing any false, incomplete, or misleading information shall, upon conviction, be subject to imprisonment for up to one year for a misdemeanor conviction or up to ten years for a felony conviction and payment of a fine of up to \$5,000.00.

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 638:20.

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/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.

Applicable in Pennsylvania

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or 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 and subjects the person to criminal and civil penalties.