

# ACORD™ AUTOMOBILE LOSS NOTICE

DATE (MM/DD/YY)

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

<b>INSURED</b>		<b>CONTACT</b>		<input checked="" type="checkbox"/> CONTACT INSURED	
NAME AND ADDRESS		NAME AND ADDRESS		WHERE TO CONTACT	
RESIDENCE PHONE (A/C, No)		BUSINESS PHONE (A/C, No, Ext)		WHEN TO CONTACT	

<b>LOSS</b>	
LOCATION OF ACCIDENT (Include city & state)	AUTHORITY CONTACTED: REPORT #:
VIOLATIONS/CITATIONS	

DESCRIPTION OF ACCIDENT (Use reverse side, if necessary)

<b>POLICY INFORMATION</b>							
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 DED		
UMBRELLA EXCESS	UMBRELLA	EXCESS	CARRIER:		LIMITS:	PER CLAIM	PER OCCUR

<b>INSURED VEHICLE</b>						
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):	
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 VEH BE SEEN?	OTHER INSURANCE ON VEHICLE	

<b>PROPERTY DAMAGED</b>		<input type="checkbox"/> Is, <input type="checkbox"/> Is Not, A Vehicle
DESCRIBE PROPERTY (If auto, year, make, model, plate #)		OTHER VEH/PROP INS? <input type="checkbox"/> YES <input type="checkbox"/> NO
OWNER'S NAME & ADDRESS		COMPANY OR AGENCY NAME:
DRIVER'S NAME & ADDRESS		POLICY #:
DESCRIBE DAMAGE		ESTIMATE AMOUNT
		WHERE CAN DAMAGE BE SEEN?

<b>INJURED</b>						
NAME & ADDRESS	PHONE (A/C, No)	PED	INS VEH	OTH VEH	AGE	EXTENT OF INJURY

<b>WITNESSES OR PASSENGERS</b>			
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 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 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 a 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 an 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 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 payment of a fine of up to \$15,000.