ACORD™

☐ Auto ☐ Other Liability Accident Notice

(Inc. Section II Package Policies)

PRODUCER

1 PRODUCER

2 PRODUCER CODE

(FOR COMPANY USE)

CLAIM NO.

COMPANY

PREVIOUSLY REPORTED? ☐ YES ☐ NO

3 POLICY NUMBER | POLICY DATES | MISCELLANEOUS INFORMATION

INSURED

4 LAST NAME | FIRST NAME | INITIAL | SPECIAL I.D. OR SOCIAL SECURITY NUMBER

5 ADDRESS | ZIP CODE | RESIDENCE PHONE | BUSINESS PHONE

6 WHERE CAN INSURED BE CONTACTED? | WHEN?

ACCIDENT

7 DATE & TIME OF ACCIDENT OR LOSS A.M. P.M. | LOCATION OF ACCIDENT (Including City & State) | POLICE TO WHOM REPORTED

8 DESCRIPTION OF ACCIDENT OR LOSS (Use Reverse Side if Necessary) | CAT. #

POLICY

9 BODILY INJURY | PROPERTY DAMAGE | SINGLE LIMIT | MEDICAL PAYMENTS | COMPREHENSIVE/DED. | COLLISION/DED. | OTHER DED.

10 LOSS PAYEE (If none, so indicate.) | OTHER COVERAGES (No-Fault, Towing, U.M.., Product Liability, etc.)

INSURED VEHICLE

AUTO ONLY

11 VEH. NO. | YEAR | MAKE | MODEL | VIN (Vehicle Identification No.) | PLATE NO. | OTHER INSURANCE? ☐ YES ☐ NO

12 NAME OF OWNER [ ] SAME AS POLICYHOLDER | ADDRESS [ ] SAME AS POLICYHOLDER | PHONE

13 NAME OF DRIVER [ ] SAME AS OWNER | AGE | ADDRESS [ ] SAME AS OWNER | PHONE

14 RELATION TO INSURED (Employee, Family, etc.) | PURPOSE OF USE | USED WITH PERMISSION? ☐ YES ☐ NO

15 **DRIVER'S LICENSE NO.** | **ISSUING AUTHORITY** | **DATE** | REPAIR ESTIMATE $ | WHERE CAN CAR BE SEEN? | WHEN?

PROPERTY DAMAGE

16 OWNER | ADDRESS | PHONE

17 OTHER DRIVER [ ] SAME AS OWNER | ADDRESS | PHONE

18 DESCRIBE PROPERTY (If Auto: Make, Year, Plate No.) | OTHER CAR OR PROPERTY INSURED? ☐ YES ☐ NO | COMPANY OR AGENCY NAME & POLICY NO.

19 DESCRIBE DAMAGE | REPAIR ESTIMATE $ | WHERE CAN CAR BE SEEN? | AGE | INS. VEH. | OTHER VEH. | PED.

INJURED

20 NAME | ADDRESS | PHONE | EXTENT OF INJURY | AGE | INS. VEH. | OTHER VEH. | PED.

CLAIMANT

NON AUTO

21 OCCUPATION | EMPLOYED BY | RELATION TO INSURED (Employee, Family, Etc.)

22 PROBABLE DISABILITY WEEKS | RETURNED TO WORK? ☐ YES ☐ NO | WHY ON PREMISES? | INS. VEH. | OTHER VEH. | OTHER

WITNESS

23 NAME | ADDRESS | PHONE | INS. VEH. | OTHER VEH. | OTHER

24

25 REMARKS

DATE | REPORTED BY | REPORTED TO | SIGNATURE (PRODUCER, INSURED, OR DRIVER)

DRAW A SKETCH OF THE ACCIDENT USING THIS DIAGRAM: