

ACORD™ AUTOMOBILE LOSS NOTICE

DATE (MM/DD/YYYY)

AGENCY ATLANTIC RISK MANAGEMENT 5850 Waterloo Road, Suite 240 Columbia, MD 21045	PHONE (A/C, No, Ext):	COMPANY	NAIC CODE:	MISCELLANEOUS INFO (Site & location code)			
	FAX (A/C, No, Ext):	POLICY NUMBER	POLICY TYPE	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	SOC SEC # OR FEIN:	NAME AND ADDRESS	WHERE TO CONTACT		
RESIDENCE PHONE (A/C, No)	BUSINESS PHONE (A/C, No, Ext)	RESIDENCE PHONE (A/C, No)	BUSINESS PHONE (A/C, No, Ext)	WHEN TO CONTACT	

LOCATION OF ACCIDENT (Include city & state)	AUTHORITY CONTACTED:	VIOLATIONS/CITATIONS
DESCRIPTION OF ACCIDENT (Use separate sheet, if necessary)	REPORT #:	

POLICY INFORMATION						
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:	AGGR	PER CLAIM/OCC
						SIR/ DED

INSURED VEHICLE									
VEH #	YEAR	MAKE:	BODY TYPE:	PLATE NUMBER	STATE				
		MODEL:	V.I.N.:						
OWNER'S NAME & ADDRESS				RESIDENCE PHONE (A/C, No):					
DRIVER'S NAME & ADDRESS				BUSINESS PHONE (A/C, No, Ext):					
(Check if same as owner)				RESIDENCE PHONE (A/C, No):					
RELATION TO INSURED (Employee, family, etc.)				BUSINESS PHONE (A/C, No, Ext):					
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 VEHICLE?		YES	NO
DESCRIBE PROPERTY (If auto, year, make, model, plate #)	OTHER VEH/PROP INS?	COMPANY OR AGENCY NAME:	
	YES	NO	POLICY #:
OWNER'S NAME & ADDRESS	RESIDENCE PHONE (A/C, No):		
OTHER DRIVER'S NAME & ADDRESS	BUSINESS PHONE (A/C, No, Ext):		
(Check if same as owner)	RESIDENCE PHONE (A/C, No):		
	BUSINESS PHONE (A/C, No, Ext):		
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 INSURED	SIGNATURE OF PRODUCER