



# AUTOMOBILE LOSS NOTICE

DATE (MM/DD/YYYY)

|                     |                       |                |                 |   |                             |                     |    |
|---------------------|-----------------------|----------------|-----------------|---|-----------------------------|---------------------|----|
| AGENCY              | PHONE (A/C, No, Ext): | COMPANY        | NAIC CODE:      | MISCELLANEOUS INFO (Site & location code) |                             |                     |    |
| FAX (A/C, No):      | E-MAIL ADDRESS:       | POLICY NUMBER  | POLICY TYPE     | REFERENCE NUMBER                          | CAT #                       |                     |    |
| CODE:               | SUB CODE:             | EFFECTIVE DATE | EXPIRATION DATE | DATE OF ACCIDENT AND TIME                 | <input type="checkbox"/> AM | PREVIOUSLY REPORTED |    |
| AGENCY CUSTOMER ID: |                       |                |                 |   | <input type="checkbox"/> PM | YES                 | NO |

|                            |                                |                            |                                |                  |  |  |
|----------------------------|--------------------------------|----------------------------|--------------------------------|------------------|--|--|
| <b>INSURED</b>             |                                | <b>CONTACT</b>             |                                | CONTACT INSURED  |  |  |
| NAME AND ADDRESS           | SOC SEC # OR FEIN:             | NAME AND ADDRESS           | WHEN TO CONTACT:               | WHERE TO CONTACT |  |  |
| E-MAIL ADDRESS:            | BUSINESS PHONE (A/C, No, Ext): | E-MAIL ADDRESS:            | BUSINESS PHONE (A/C, No, Ext): |                  |  |  |
| RESIDENCE PHONE (A/C, No): |                                | RESIDENCE PHONE (A/C, No): |                                |                  |  |  |

|  |                      |                      |
|--|----------------------|----------------------|
| LOCATION OF ACCIDENT (Include city & state)                | AUTHORITY CONTACTED: | Violations/Citations |
| DESCRIPTION OF ACCIDENT (Use separate sheet, if necessary) | REPORT #:            |                      |

|                            |                              |                 |              |                 |                |  |
|----------------------------|------------------------------|-----------------|--------------|-----------------|----------------|--|
| <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:         | AGGR           | PER CLAIM/OCC SIR/DED                                    |

|  |                         |        |                 |                                |                       |                            |
|--|-------------------------|--------|-----------------|--------------------------------|-----------------------|----------------------------|
| <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):     |                       |                            |
| 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?          |                       |                            |
| DESCRIBE DAMAGE                              |                         |        | ESTIMATE AMOUNT | WHERE CAN VEHICLE BE SEEN?     | WHEN CAN VEH BE SEEN? | OTHER INSURANCE ON VEHICLE |

|   |  |                                |                      |
|---|--|--------------------------------|----------------------|
| <b>PROPERTY DAMAGED VEHICLE?</b>                        |  | YES                            | NO                   |
| DESCRIBE PROPERTY (If auto, year, make, model, plate #) | OTHER VEH/PROP INS?                                      | COMPANY OR AGENCY NAME:        | POLICY #:            |
| OWNER'S NAME & ADDRESS                                  | <input type="checkbox"/> YES <input type="checkbox"/> NO | RESIDENCE PHONE (A/C, No):     |                      |
| OTHER DRIVER'S NAME & ADDRESS                           |  | BUSINESS PHONE (A/C, No, Ext): | 845 620-1700 ext 447 |
| (Check if same as owner)                                |  | RESIDENCE PHONE (A/C, No):     |                      |
| DESCRIBE DAMAGE   |  | BUSINESS PHONE (A/C, No, Ext): |                      |
| 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 INSURED | SIGNATURE OF PRODUCER |

### **Applicable in Arizona**

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

### **Applicable in Arkansas, Delaware, District of Columbia, Kentucky, Louisiana, Maine, Michigan, New Jersey, New Mexico, Pennsylvania, Tennessee, Virginia and West Virginia**

Any person who knowingly and with intent to defraud any insurance company or another person, 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. In DC, LA, ME, TN and VA, insurance benefits may also be denied.

### **Applicable in California**

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

### **Applicable in Colorado**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

### **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 Hawaii**

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

### **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 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 and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who in connection with such application or claim 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.