

# ACORD™ AUTOMOBILE LOSS NOTICE

DATE

<b>PRODUCER</b> <b>PHONE (A/C, No, Ext):</b> 800-252-9435 VFIS of Texas/Regnier & Associates 3420 Executive Center Dr. #301 Austin TX 78731		<b>COMPANY</b> NAIC CODE: 0		<b>MISCELLANEOUS INFO (Site &amp; location code)</b>									
<b>CODE:</b>		<b>SUB CODE:</b>		<b>EFFECTIVE DATE</b>		<b>EXPIRATION DATE</b>		<b>DATE OF ACCIDENT AND TIME</b>		<b>AM</b>		<b>PREVIOUSLY REPORTED</b>	
<b>AGENCY CUSTOMER ID:</b>										<input type="checkbox"/> YES		<input type="checkbox"/> NO	

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

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

<b>POLICY INFORMATION</b>															
<b>BODILY INJURY (Per Person)</b>		<b>BODILY INJURY (Per Accident)</b>		<b>PROPERTY DAMAGE</b>		<b>SINGLE LIMIT</b>		<b>MEDICAL PAYMENT</b>		<b>OTC DEDUCTIBLE</b>		<b>OTHER COVERAGE &amp; DEDUCTIBLES (UM, no-fault, towing, etc)</b>			
<b>LOSS PAYEE</b>						<b>COLLISION DED</b>									
<b>UMBRELLA/EXCESS</b>		<b>UMBRELLA</b>		<b>EXCESS</b>		<b>CARRIER:</b>		<b>LIMITS:</b>		<b>AGGR</b>		<b>PER CLAIM/OCC</b>		<b>SIR/DED</b>	

<b>INSURED VEHICLE</b>														
<b>VEH #</b>		<b>YEAR</b>		<b>MAKE:</b>				<b>BODY TYPE:</b>		<b>PLATE NUMBER</b>		<b>STATE</b>		
				<b>MODEL:</b>				<b>V.I.N.:</b>						
<b>OWNER'S NAME &amp; ADDRESS</b>						<b>RESIDENCE PHONE (A/C, No):</b>								
						<b>BUSINESS PHONE (A/C, No, Ext):</b>								
<b>DRIVER'S NAME &amp; ADDRESS</b>						<b>RESIDENCE PHONE (A/C, No):</b>								
						<b>BUSINESS PHONE (A/C, No, Ext):</b>								
<b>RELATION TO INSURED (Employee, family, etc.)</b>		<b>DATE OF BIRTH</b>		<b>DRIVER'S LICENSE NUMBER</b>				<b>STATE</b>		<b>PURPOSE OF USE</b>		<b>USED WITH PERMISSION?</b>		
										<input type="checkbox"/> YES		<input type="checkbox"/> NO		
<b>DESCRIBE DAMAGE</b>			<b>ESTIMATE AMOUNT</b>			<b>WHERE CAN VEHICLE BE SEEN?</b>			<b>WHEN CAN VEH BE SEEN?</b>			<b>OTHER INSURANCE ON VEHICLE</b>		

<b>PROPERTY DAMAGED</b>											
<b>DESCRIBE PROPERTY (If auto, year, make, model, plate #)</b>						<b>OTHER VEH/PROP INS?</b>		<b>COMPANY OR AGENCY NAME:</b>			
						<input type="checkbox"/> YES <input type="checkbox"/> NO		<b>POLICY #:</b>			
<b>OWNER'S NAME &amp; ADDRESS</b>						<b>RESIDENCE PHONE (A/C, No):</b>					
						<b>BUSINESS PHONE (A/C, No, Ext):</b>					
<b>OTHER DRIVER'S NAME &amp; ADDRESS</b>						<b>RESIDENCE PHONE (A/C, No):</b>					
						<b>BUSINESS PHONE (A/C, No, Ext):</b>					
<b>DESCRIBE DAMAGE</b>			<b>ESTIMATE AMOUNT</b>			<b>WHERE CAN DAMAGE BE SEEN?</b>					

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

<b>WITNESSES OR PASSENGERS</b>															
<b>NAME &amp; ADDRESS</b>				<b>PHONE (A/C, No)</b>				<b>INS VEH</b>		<b>OTH VEH</b>		<b>OTHER (Specify)</b>			

<b>REMARKS (Include adjuster assigned)</b>											
<b>REPORTED BY</b>			<b>REPORTED TO</b>			<b>SIGNATURE OF INSURED</b>			<b>SIGNATURE OF PRODUCER</b>		