

# ACORD™ AUTOMOBILE LOSS NOTICE

DATE

PRODUCER	PHONE (A/C, No, Ext):	COMPANY	NAIC CODE:	MISCELLANEOUS INFO (Site & location code)			
Alaska Public Entity Insurance 2233 Jordan Avenue Juneau, AK 99801							
		POLICY NUMBER		REFERENCE NUMBER		CAT #	
CODE:	SUB CODE:	EFFECTIVE DATE	EXPIRATION DATE	DATE OF ACCIDENT AND TIME		AM	PREVIOUSLY REPORTED
AGENCY						PM	YES NO
CUSTOMER ID:							

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

LOCATION OF ACCIDENT (Include city & state)	AUTHORITY CONTACTED:	VIOLETIONS/CITATIONS
	REPORT #:	
DESCRIPTION OF ACCIDENT (Use separate sheet, 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:	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):				
					BUSINESS PHONE (A/C, No, Ext):				
DRIVER'S NAME & ADDRESS					RESIDENCE PHONE (A/C, No):				
					BUSINESS PHONE (A/C, No, Ext):				
RELATION TO INSURED (Employee, family, etc.)	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					

<b>PROPERTY DAMAGED</b>			
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):
			BUSINESS PHONE (A/C, No, Ext):
OTHER DRIVER'S NAME & ADDRESS			RESIDENCE PHONE (A/C, No):
			BUSINESS PHONE (A/C, No, Ext):
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 INSURED	SIGNATURE OF PRODUCER