



INSURED

Insured Entity Name & Address	Contact Person	Contact's Phone
Church, School or other:		Home:
Conference:		Work:

LOSS INFORMATION

Date of Loss:	Time of Loss:	
Location of Accident (including City & State)	Police Report & Number	Violations / Citations
Description of Accident/Nature of Activity (Use additional sheet if necessary)		

INSURED VEHICLE

Year, Make, Model		V.I.N. (Last 5 digits of ID#)	
Owner's Name & Address		Owner's Phone	
Driver's Name & Address		Driver's Residence Phone	Driver's Business Phone
Driver's Relationship to Insured	Driver's Date of Birth (Age)	Purpose of Vehicle Use	Was Driver Injured? Yes <input type="checkbox"/> No <input type="checkbox"/>
Describe Damage	Estimate Amount	Where can vehicle be seen?	Used with Permission Yes <input type="checkbox"/> No <input type="checkbox"/>

DAMAGED PROPERTY

Describe Property (If Auto: Year, Make, Model, Plate No.)	Insurance Company or Agency Name & Policy # (if any)		
Owner's Name & Address	Owner's Residence Phone	Owner's Business Phone	
Driver's Name & Address (Check if same as owner) <input type="checkbox"/>	Driver's Residence Phone	Driver's Business Phone	
Describe Damage	Estimate Amount	Where can vehicle be seen?	Was Driver Injured? Yes <input type="checkbox"/> No <input type="checkbox"/>

PASSENGERS (Use additional sheets if necessary)

Name & Address	Phone	Injured
		YES NO
		YES NO

WITNESSES (Use additional sheets if necessary)

Name & Address	Phone

Incident Reported by _____ Date: _____

Loss Notice Completed by _____ Date: _____

Signature of Insured's authorized representative _____ Date: _____