

ACORD™ AUTOMOBILE LOSS NOTICE

DATE (MM/DD/YY)

PRODUCER PHONE (A/C, No, Ext): MIAA MEMBERS SERVICES DIVISION 12 GILL STREET, SUITE 5500 WOBURN, MA 01888 SUB CODE:	COMPANY NAIC CODE: POLICY NUMBER REFERENCE NUMBER CAT #	MISCELLANEOUS INFO (Site & location code)
CODE: AGENCY CUSTOMER ID:	EFFECTIVE DATE EXPIRATION DATE DATE OF ACCIDENT AND TIME	AM PM PREVIOUSLY REPORTED YES NO

INSURED		CONTACT		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: REPORT #:	VIOLATIONS/CITATIONS
DESCRIPTION OF ACCIDENT (Use separate sheet, if necessary)		

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	PER OCC

INSURED VEHICLE									
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 (Check if same as owner)			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				

PROPERTY DAMAGED							
DESCRIBE PROPERTY (If auto, year, make, model, plate #)			OTHER VEH/PROP INS? YES NO	COMPANY OR AGENCY NAME:			
				POLICY #:			
OWNER'S NAME & ADDRESS			RESIDENCE PHONE (A/C, No):				
			BUSINESS PHONE (A/C, No, Ext):				
OTHER DRIVER'S NAME & ADDRESS (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 VEH	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