

ACORD™ AUTOMOTILE LOSS NOTICE

DATE (MM/DD/YY)

PRODUCER	PHONE (A/C, no, Ext.):	COMPANY	MISCELLANEOUS INFO (Site & location code)		
POLICY NUMBER		REFERENCE NUMBER		CAT #	
CODE:	SUB CODE:	EFFECTIVE DATE	EXPIRATION DATE	DATE OF ACCIDENT AND TIME	
AGENCY CUSTOMER id:				AM	PREVIOUSLY REPORTED
				PM	YES <input type="checkbox"/> NO <input type="checkbox"/>

INSURED		CONTACT		CONTACT INSURED	
NAME AND ADDRESS San Diego Unified School District 4100 Normal Street, San Diego, CA 92103		NAME AND ADDRESS San Diego Unified School District Risk Management Department		WHERE TO CONTACT	
RESIDENCE PHONE (A/C, NO) N/A	BUSINESS PHONE (A/C, NO, EXT) N/A	RESIDENCE PHONE (A/C, NO) N/A	BUSINESS PHONE (A/C, NO, EXT) (858) 627-7349	WHEN TO CONTACT 8 AM-5 PM	

LOSS		LOCATION ACCIDENT (Include city & state)		AUTHORITY CONTACTED: REPORT #	VIOLATIONS/CITATIONS
DESCRIPTION OF ACCIDENT (Use reverse side, if necessary)					

POLICY INFORMATION						
BODILY INJURY (Per Person)	BODILY INJURY (Per Accident)	PROPERTY DAMAGE	SINGLE LIMIT	MEDICAL PAYMENT	OTC DEDUCTIBLE	OTHER COVERAGE & DEDUCTIBLES
LOSS PAYEE					COLLISION DED	
UMBRELLA/ EXCESS	UMBRELLA	EXCESS	CARRIER:	LIMITS:	PER CLAIM	PER OCCUR

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 <input type="checkbox"/> NO <input type="checkbox"/>	
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? <input type="checkbox"/> YES <input type="checkbox"/> 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	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 PRODUCER OR INSURED