



**INSURED**

<b>Insured Entity Name &amp; Address</b>	<b>Contact Person</b>	<b>Contact's Phone</b>
Church, School or other:		Home:
Conference:		Work:

**LOSS INFORMATION**

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

**INSURED VEHICLE**

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

**DAMAGED PROPERTY**

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

**PASSENGERS (Use additional sheets if necessary)**

<b>Name &amp; Address</b>	<b>Phone</b>	<b>Injured</b>
		YES NO
		YES NO

**WITNESSES (Use additional sheets if necessary)**

<b>Name &amp; Address</b>	<b>Phone</b>

Incident Reported by \_\_\_\_\_ Date: \_\_\_\_\_

Loss Notice Completed by \_\_\_\_\_ Date: \_\_\_\_\_