ACORD® AUTOMOBILE LOSS NOTICE												DATE (MM/DD/YYYY)								
AGENCY							INSURED LOCATION CODE DATE OF L						S AND T	ME		AM				
								CARRIER							NAIC	CODE	PM			
CONTACT		POLICY NUMBER																		
CONTACT NAME: PHONE																				
(A/C, No,								POLICY TYPE												
FAX (A/C, No): E-MAIL																				
ADDRESS	B:						4													
CODE:				SUBCOD	E:		4													
AGENCY		R ID:																		
INSUR																				
NAME OF	INSURED	(First, Middle,	, Last)					INSURED'S MAIL	LING AI	DDRES	S									
DATE OF BIRTH FEIN (if ap				plicable)		MARITAL ST CIVIL UNION (if a	ATUS / applicable)													
PRIMARY HOME BUS CELL			S CELL	SECOND	SECONDARY HOME HOME		☐ CELL	DDIMADV E MAII	LADDE	DECC.										
PHONE #	_	_	_	PHONE #			_	PRIMARY E-MAIL ADDRESS: SECONDARY E-MAIL ADDRESS:												
CONTA	ACT		CONTACT IN	SURED				GLOGITUANT L'IMAIL ADDINEGG.												
NAME OF	CONTAC	(First, Middle	e, Last)					CONTACT'S MAI	ILING A	ADDRES	ss									
PRIMARY PHONE #	PRIMARY HOME BUS CELL SECONDARY HOME BUS CELL PHONE #																			
WHEN TO CONTACT								PRIMARY E-MAIL ADDRESS:												
								SECONDARY E-MAIL ADDRESS:												
LOSS																				
LOCATION OF LOSS										POLIC	E OR FIRE DEPAR	TMENT CONTA	CTED							
STREET:																				
CITY, STA	TE, ZIP:									REPO	RT NUMBER									
COUNTRY	COUNTRY:																			
DESCRIB	E LOCATION	ON OF LOSS I	F NOT AT SPEC	IFIC STREE	T ADDRE	ESS:														
			ORD 101, Additi	onai Kemar	rks Sched	dule, may be attach	nea ir more s	pace is required)												
	NSURED VEHICLE														1					
VEH#	MAKE: TYPE:												PLA	TE NUMB	EK	STA	IE			
OWNER'S	NAME AN	MODEL:	(Chook	if some so	inqurad)		V.I.N.:	PRIMARY	7 HON	ME 🗆	BUS CELL	SECONDARY	<u> </u>	OME 🗌	DIIE -	1 CEI	_			
OWNER'S NAME AND ADDRESS (Check if same as insured)								PHONE #		WIE	BUS CELL	PHONE #	n	OWE	воз _	] CEL	_			
	PRIMARY E-MAIL	L ADDF	RESS:																	
								SECONDARY E-MAIL ADDRESS:												
DRIVER'S NAME AND ADDRESS (Check if same as owner)								PRIMARY HOME BUS CELL SECONDARY HOME BUS CELL PHONE #												
							PRIMARY E-MAIL ADDRESS:													
								SECONDARY E-M	MAIL A	DDRES	S:									
RELATION TO INSURED (Employee, family, etc.)			BIRTH	DRIVER'S	S LICENSE NUMBE	STATE PURPOSE OF U					P	USED ERMISSI		Y/N)						
DESCRIB	E DAMAG	<b>=</b>																		
1. WAS	A STANI	DARD CHILD	PASSENGE	RESTRA	AINT SY	STEM (CHILD SI	EAT) INSTA	ALLED IN THE VEHICLE AT THE TIME OF THE ACCIDENT?							Y/N					
2. WAS	THE CH	LD PASSEN	IGER RESTRA	AINT SYST	TEM (CH	HILD SEAT) IN U	SE BY A C	HILD DURING THE TIME OF THE ACCIDENT?							Y/N					
						· · · · · · · · · · · · · · · · · · ·	AIN A LOS	S AT THE TIME (	OF TH						Y/N					
	E AMOUN			N VEHICLE	BE SEE	N?:					WHEN CAN VEHIC	LE BE SEEN?:								
OTHER IN	POLICY NUMBER:																			

	VEHIC	LE / PROP	PERTY	/ DAMAG	ED NO	N - VEHICLE		AGENC	T COSTONE	טו א	_								
VEH# YEAR BODY TYPE:									PLATE NU	JMBER	STATE								
MODEL: V.I.N.:																			
DESCRIBI	E PROPER	ΓΥ (Other Thai	n Vehicle	e)							OTHER	VEH/PROF	P INS? (Y/N)						
CARRIER OR AGENCY NAME NAIC CODE								POLICY NUI	MBER										
OWNER'S NAME AND ADDRESS							PRIMARY PHONE #	PRIMARY HOME BUS CELL SECONDAR PHONE #								CELL			
								PRIMARY E-	MAIL ADDRESS:										
DRIVER'S NAME AND ADDRESS (Check if same as owner)								SECONDAR PRIMARY PHONE #	ONDARY NE #	□ НОМЕ	☐ BUS	CELL							
								PRIMARY E-MAIL ADDRESS: SECONDARY E-MAIL ADDRESS:											
DESCRIBI	E DAMAGE							OLOGINDAIN	T E MAIL ADDICE										
ESTIMATE AMOUNT WHERE CAN DAMAGE BE SEEN?																			
INJURE	-D																		
INJURED  NAME & ADDRESS									HONE (A/C, No) PED NS OTH VEH VEH AGE				EXTENT OF INJURY						
WITNE	SSES O	R PASSE	NGER	S															
NAME & ADDRESS									A/C, No)	INS VEH	OTH VEH			ОТ	HER (Specif	у)			
									$\frac{1}{\ln}$										
REPORTED BY							REPORTED TO												
REMAR	RKS (AC	ORD 101,	, Addi	tional Rer	marks Sched	dule, may be	attach	ed if more	space is req	uired	d)								
1																			

# APPLICABLE IN ALABAMA

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

#### **APPLICABLE IN ALASKA**

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

#### APPLICABLE IN ARIZONA

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

# APPLICABLE IN ARKANSAS, DELAWARE, KENTUCKY, LOUISIANA, MAINE, MICHIGAN, NEW JERSEY, NEW MEXICO, NORTH DAKOTA, PENNSYLVANIA, RHODE ISLAND, SOUTH DAKOTA, TENNESSEE, TEXAS, VIRGINIA, AND WEST VIRGINIA

Any person who knowingly and with intent to defraud any insurance company or another person, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and civil penalties. In LA, ME, TN, and VA, insurance benefits may also be denied.

#### **APPLICABLE IN CALIFORNIA**

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

## APPLICABLE IN COLORADO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

#### APPLICABLE IN THE DISTRICT OF COLUMBIA

Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

## APPLICABLE IN FLORIDA

Pursuant to S. 817.234, Florida Statutes, any person who, with the intent to injure, defraud, or deceive any insurer or insured, prepares, presents, or causes to be presented a proof of loss or estimate of cost or repair of damaged property in support of a claim under an insurance policy knowing that the proof of loss or estimate of claim or repairs contains any false, incomplete, or misleading information concerning any fact or thing material to the claim commits a felony of the third degree, punishable as provided in S. 775.082, S. 775.083, or S. 775.084, Florida Statutes.

## **APPLICABLE IN HAWAII**

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

## **APPLICABLE IN IDAHO**

Any person who knowingly and with the intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

## **APPLICABLE IN INDIANA**

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

## **APPLICABLE IN KANSAS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

## **APPLICABLE IN MARYLAND**

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

## **APPLICABLE IN MINNESOTA**

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

#### **APPLICABLE IN NEVADA**

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

## APPLICABLE IN NEW HAMPSHIRE

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

## APPLICABLE IN NEW YORK

Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who in connection with such application or claim knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the Department of Motor Vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

#### **APPLICABLE IN OHIO**

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is quilty of insurance fraud.

## **APPLICABLE IN OKLAHOMA**

WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

## **APPLICABLE IN WASHINGTON**

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.