

AUTOMOBILE LIABILITY LOSS NOTICE

Date (MM/DD/YY)

Producer	Phone: 888-654-6686	Company Insurance Company State of Pennsylvania	Miscellaneous Info (Site & location code)		
Marsh, Inc. 1717 Main Street 4400 Bank One Center Dallas, Texas 75201	Policy Number WR 10005646		Claim Number		Cat #
	Effective Date 08/01/2012	Expiration Date 08/01/2013	Date and Time of Accident		Previously Reported
			<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> Yes <input type="checkbox"/> No

Insured		Contact		<input type="checkbox"/> Contact Insured	
Name and Address		Name and Title		When to Contact	
				When to Contact	
Fax Phone	Business Phone	Mobile Phone	Pager Phone		

Loss			
Location of Accident (Include city & state)		Authority Contacted	Violations/Citations
		Report #:	
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 (UM, no-fault, towing, etc.)
			1,000,000	\$25,000		Statutory Minimum as required
Loss Payee					Collision Deductible	
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 and Address					Residence Phone:		
					Business Phone:		
Driver's Name and Address					Residence Phone:		
<input type="checkbox"/> (Check if same as Owner)					Business Phone:		
Relation to Insured (Employee, family, etc.)	Date of Birth	Driver's License Number	State	Purpose of Use:	Used with Permission		
					<input type="checkbox"/> Yes <input type="checkbox"/> No		
Describe Damage		Estimate Amount	Where can vehicle be seen?	When can vehicle be seen?	Other insurance on vehicle?		
					<input type="checkbox"/> Yes <input type="checkbox"/> No		

Property Damage					
Describe Property		Other Vehicle/Prop Ins?		Company or Agency Name	
		<input type="checkbox"/> Yes		Policy #	
(If auto, year, make, model, plate #)		<input type="checkbox"/> No			
Owner's Name and Address				Residence Phone:	
				Business Phone:	
Other Driver's Name and Address				Residence Phone:	
<input type="checkbox"/> (Check if same as Owner)				Business Phone:	
Describe Damage		Estimate Amount	Where can damage be seen?		

Injured						
Name & Address	Phone	Ped	Ins Veh	Oth Veh	Age	Extent of Injury

Witnesses or Passengers					
Name & Address	Phone	Ins Veh	Oth Veh	Other (Specify)	

Remarks (Include adjuster assigned)

Reported By

Reported To

Report to: Worldsourcencyclaimsreporting@chartisinsurance.com
Chartis-180 Maiden Lane, 40th Floor-New York, NY 10038
Phone No: (212) 458-9216 Fax No: (212) 881-9002