



# AUTOMOBILE LOSS NOTICE

DATE (MM/DD/YYYY)

AGENCY Arthur J. Gallagher Risk Management Services, Inc. P O Box 1749 Spring, Texas 77383-1749	PHONE (A/C, No, Ext):	COMPANY Safety National Casualty Corp.	NAIC CODE:	MISCELLANEOUS INFO (Site & location code)			
FAX (A/C, No):		POLICY NUMBER CA6676605 PD XPR4068435 LIAB	POLICY TYPE	REFERENCE NUMBER	CAT #		
E-MAIL ADDRESS:		EFFECTIVE DATE 09/08/2024	EXPIRATION DATE 09/08/2025	DATE OF ACCIDENT AND TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM	PREVIOUSLY REPORTED <input type="checkbox"/> YES <input type="checkbox"/> NO	
CODE:	SUB CODE:						
AGENCY CUSTOMER ID:							

INSURED		CONTACT		CONTACT INSURED			
NAME AND ADDRESS The Board of Regents of The University of Texas System 210 West 7th Street Austin, Texas 78701-2981		SOC SEC # OR FEIN: -----		NAME, ADDRESS, DEPT WHEN TO CONTACT:		WHERE TO CONTACT	
E-MAIL ADDRESS: autoclaims@utsystem.edu		E-MAIL ADDRESS:		RESIDENCE PHONE (A/C, No, Ext): 512-579-5029		BUSINESS PHONE (A/C, No, Ext):	
RESIDENCE PHONE (A/C, No):		BUSINESS PHONE (A/C, No, Ext):		RESIDENCE PHONE (A/C, No, Ext):		BUSINESS PHONE (A/C, No, Ext):	

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

POLICY INFORMATION (RISK MANAGEMENT USE ONLY)						
BODILY INJURY (Per Person)	BODILY INJURY (Per Accident)	PROPERTY DAMAGE	SINGLE LIMIT \$600,000	MEDICAL PAYMENT	OTC DEDUCTIBLE \$1,000 (COMP)	OTHER COVERAGE & DEDUCTIBLES (UM, no-fault, towing, etc) Physical Damage (OTC and Collision) only applies if coverage is purchased prior to loss. Systemwide Liability Deductible (includes Hired/ Non-Owned coverage) - \$2,500
LOSS PAYEE					COLLISION DED \$1,000	
UMBRELLA/ EXCESS	UMBRELLA	EXCESS	CARRIER: -----	LIMITS: -----	AGGR -----	PER CLAIM/OCC ----- SIR/ DED -----

INSURED VEHICLE (UT DRIVER)									
VEH #	YEAR	MAKE:	BODY TYPE:		PLATE NUMBER		STATE		
		MODEL:	V.I.N.:						
OWNER'S NAME & ADDRESS Only complete if not UT Owned vehicle				RESIDENCE PHONE (A/C, No):					
DRIVER'S NAME & ADDRESS (Check if same as owner)				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? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DESCRIBE DAMAGE		ESTIMATE AMOUNT	WHERE CAN VEHICLE BE SEEN?		WHEN CAN VEH BE SEEN?	OTHER INSURANCE ON VEHICLE			

PROPERTY DAMAGED				VEHICLE?	YES	NO	(OTHER PARTY)				
DESCRIBE PROPERTY (If auto, year, make, model, plate #)				OTHER VEH/PROP INS?		COMPANY OR AGENCY NAME:		POLICY #:			
				<input type="checkbox"/> YES <input type="checkbox"/> NO							
OWNER'S NAME & ADDRESS				RESIDENCE PHONE (A/C, No):							
OTHER DRIVER'S NAME & ADDRESS (Check if same as owner)				BUSINESS PHONE (A/C, No, Ext):							
				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 INSURED		SIGNATURE OF PRODUCER	

### **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, District of Columbia, Kentucky, Louisiana, Maine, Michigan, New Jersey, New Mexico, Pennsylvania, Tennessee, 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 DC, 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 Florida and 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.\*

\* In Florida - Third Degree Felony

### **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 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 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 guilty 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.