

# ACORD™ AUTOMOBILE LOSS NOTICE

DATE (MM/DD/YY)

<b>PRODUCER</b> PHONE (A/C, No, Ext): <b>MIA Property &amp; Casualty Group</b> 12 Gill Street - Suite 1600 Woburn, MA 01801	<b>COMPANY</b> NAIC CODE: POLICY NUMBER REFERENCE NUMBER CAT #	MISCELLANEOUS INFO (Site & location code) EFFECTIVE DATE EXPIRATION DATE DATE OF ACCIDENT AND TIME AM PM PREVIOUSLY REPORTED YES: NO
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<b>INSURED</b>	<b>CONTACT</b>	<b>CONTACT INSURED</b>
NAME AND ADDRESS SOC SEC #:	NAME AND ADDRESS	WHERE TO CONTACT
RESIDENCE PHONE (A/C, No)	BUSINESS PHONE (A/C, No, Ext)	WHEN TO CONTACT
RESIDENCE PHONE (A/C, No)	BUSINESS PHONE (A/C, No, Ext)	

<b>LOSS</b> LOCATION OF ACCIDENT (include city & state) DESCRIPTION OF ACCIDENT (Use separate sheet, if necessary)	AUTHORITY CONTACTED: REPORT #:	VIOLATIONS/CITATIONS
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<b>POLICY INFORMATION</b> BODILY INJURY (Per Person) LOSS PAYEE UMBRELLA/EXCESS UMBRELLA EXCESS CARRIER:	BODILY INJURY (Per Accident)	PROPERTY DAMAGE	SINGLE LIMIT	MEDICAL PAYMENT	OTC DEDUCTIBLE	OTHER COVERAGE & DEDUCTIBLES (Lim, no-fault, towing, etc) COLLISION DEP LIMITS: AGGR PER CLAIM PER OCC
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<b>INSURED VEHICLE</b>										
VEH #	YEAR	MAKE	MODEL	BODY TYPE	V.I.N.	PLATE NUMBER	STATE			
OWNER'S NAME & ADDRESS						RESIDENCE PHONE (A/C, No)				
DRIVER'S NAME & ADDRESS						BUSINESS PHONE (A/C, No, Ext)				
RELATION TO INSURED (Employee, family, etc.)						DATE OF BIRTH		DRIVER'S LICENSE NUMBER		STATE
DESCRIBE DAMAGE						ESTIMATE AMOUNT		WHERE CAN VEHICLE BE SEEN?		WHEN CAN VEH BE SEEN?
										USED WITH PERMISSION? YES NO

<b>PROPERTY DAMAGED</b>									
DESCRIBE PROPERTY (If auto, year, make, model, plate #)						OTHER VEH/PROP INS? YES NO		COMPANY OR AGENCY NAME: POLICY #:	
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)			
DESCRIBE DAMAGE						ESTIMATE AMOUNT		WHERE CAN DAMAGE BE SEEN?	

<b>INJURED</b>										
NAME & ADDRESS				PHONE (A/C, No)		INS OTH PED VEH VEH		AGE	EXTENT OF INJURY	

<b>WITNESSES OR PASSENGERS</b>									
NAME & ADDRESS				PHONE (A/C, No)		INS OTH VEH VEH		OTHER (Specify)	

REMARKS (include adjuster assigned)									
REPORTED BY			REPORTED TO			SIGNATURE OF INSURED		SIGNATURE OF PRODUCER	

ACORD 2 (1/87)

NOT Send to: INFORMATION ON REVERSE SIDE © ACORD CORPORATION 1985

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